



# ***Health Costing in Alberta***

***2002 Annual Report***

***External Financial Reporting Branch  
Alberta Health & Wellness***



For further information on this report and its contents contact:

Health Costing Unit  
External Financial Reporting Branch  
Alberta Health and Wellness  
16<sup>th</sup> floor, 10025 Jasper Avenue  
Edmonton, Alberta T5J 2N3

Rick Leischner, Manager  
(780) 427-0664  
Rick.Leischner@gov.ab.ca

OR

Shannon Roden  
(780) 415-2054  
Shannon.Roden@gov.ab.ca

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### ***Frequently Used Acronyms***

ACCS	Ambulatory Care Classification System
CACS	Comprehensive Ambulatory Classification System
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CMI	Case Mix Index
HSRV	Hospital Specific Relative Value
RIW	Resource Intensity Weight
RDRG	Refined Diagnosis Related Group
RHA	Regional Health Authority
SWRV	System-Wide Relative Value



# Health Costing in Alberta

## 2002 Annual Report

### Table of Contents

<b>Frequently Used Acronyms</b>	<b>inside front cover</b>
<b>Introduction</b>	<b>1</b>
Alberta's Costing Partnership	2
Contributors to 2000/2001 Cost Development	3
Processes for 2000/2001 Cost Development	5
Data Flows	6
<b>Data Collection Processes</b>	<b>6</b>
Activity Data	6
Cost Data	7
<b>Cost Data Linkage Processes</b>	<b>8</b>
Linking with Activity Files	8
Trimming Data	8
<b>Grouping of Data</b>	<b>9</b>
CMG Grouper	9
ACCS Grouper	10
Grouping Results	11
<b>Data Top Up</b>	<b>12</b>
<b>Costing Results and Cost Weight Development</b>	<b>13</b>
Cost Weights	13
Contribution to National Resource Intensity Weights	16
<b>Issues for Resolution</b>	<b>18</b>
<b>Conclusion</b>	<b>18</b>
<b>Definitions</b>	<b>19</b>
<b>Schedules</b>	<b>21</b>
<b>Inpatient Schedules</b>	
Schedule 1 - Inpatient Cost Results	21
Schedule 2 - Inpatient Yearly Comparisons	90
Schedule 3 - Inpatient Statistical Background	160
Schedule 4 - Inpatient Top-Up by Source	230
<b>Ambulatory Care Schedules</b>	
Schedule 5 - Ambulatory Care Cost Results	239
Schedule 6 - Ambulatory Care Yearly Comparisons	253
Schedule 7 - Ambulatory Care Statistical Background	267
Schedule 8 - Ambulatory Care Low Volume Cells	281









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## ***Health Costing in Alberta 2002 Annual Report***

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### ***Introduction***

The Alberta Costing Partnership (ACP) has successfully developed patient specific case costs for both inpatient and ambulatory care, for the fourth consecutive year. The partnership consists of six costing regions along with the department of Alberta Health and Wellness.

The 2002 Annual Report discloses the cost of cases that were handled by the participating health regions between April 1, 2000 and March 31, 2001. Cost data is blended with the prior year costs to smooth out the large cost fluctuations that are inherent in health care service provision. Cases are grouped by linking to activity data to provide appropriate summary information.

The process of costing health services in Alberta is evolving, as is the reporting of costs. This is the first time that inpatient costs are reported by Case Mix Groups (CMGs). Since the new format enhances age and complexity level reporting for case mix groups, readers can better grasp the role that complexity and age have on health care costs.

The 2002 cost reports have been redesigned to meet the needs of various users. Direct and indirect cost components are provided in Schedules 1 and 5. Schedules 2 and 6 provide information on cost trends and Schedules 3,4,7 and 8 provide statistical data to assist users in assessing the accuracy and relevance of the cost data. Readers are encouraged to refer to the definitions of column headings on page 19.

As costing processes improve and more information becomes available, additional component details will be included in future reports.

The major driver behind health costing in Alberta continues to be its use in the population-based funding formula. As was the case in the previous year, the 2000/2001 cost results formed an integral part of the 2002/2003 regional funding formula. The development of capitation rates (for ambulatory care) and Province Wide Services funding are all based on Alberta costs. The cost weights for inpatient and import/export valuation are based on the Canadian Institute for Health Information's (CIHI's) Resource Intensity Weight (RIW), which includes Alberta data. In addition to funding purposes, the use of cost information in other areas of the department and within the regions is becoming more common as users learn more about this information.

It should be noted that the cost information contained in this publication does not represent the provincial average cost of hospital-based services across the seventeen regional health authorities. Rather it reflects the average cost derived from the data submitted by only four health authorities for 16 different sites. These sites reflect 38 percent of the provincial level of hospital-based inpatient activity (separations) and 25 percent of the ambulatory care activity (visits). Although the data submitted have gone through reasonability



## ***Health Costing in Alberta 2002 Annual Report***

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validation, the Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the health authorities.

In 2002, a Costing of Outputs Steering Group was formed with Alberta's health authorities and department membership to guide an orderly development of approaches, methodologies and standards relating to the reporting of cost of outputs information. Among its responsibilities, the group is to leverage on research, studies and experiences in the province and across Canada. It is expected that the work of the Alberta Costing Partnership will be a cornerstone on which the Costing of Output Steering Committee will build.

Outside Alberta, significant interest has been expressed in the work done by the Alberta Costing Partnership, with numerous inquiries received from national bodies, other provincial health ministries, researchers, universities, major pharmaceutical companies and medical personnel. Demand for Alberta cost data continues to increase.

### ***Alberta's Costing Partnership***

Leadership of the Alberta Costing Partnership resides within the Ministry of Health and Wellness. The Health Costing Unit of External Financial Reporting Branch, part of Finance and Corporate Services Division, is responsible for carrying on the health costing mandate. This work is done in conjunction with six regional health authorities (RHAs) who utilize a common costing framework and processes to generate patient-specific case costs. The six regions are:

- ♦ Chinook Regional Health Authority
- ♦ Calgary Health Region
- ♦ David Thompson Regional Health Authority
- ♦ Crossroads Regional Health Authority
- ♦ Capital Health Authority
- ♦ Mistahia Regional Health Authority

In addition to the work required to collect and to submit cost data, each of the Costing Regions is expected to appoint a Regional Costing Co-ordinator to represent its Region on the Costing Function Team. Team members are expected to provide input to any discussions/decisions regarding the costing framework and process.

One of the major responsibilities of the team is to participate in the Costing Round Table review of the provincial cost results. This exercise includes a review of the group costs, using statistical measures such as co-efficient of variation and standard deviation, etc. As all regions' data are included, there is also an opportunity for regions to compare their costs for similar cases.



## **Health Costing in Alberta** **2002 Annual Report**

### **Contributors to 2000/2001 Cost Development**

Although six RHAs continue to participate in the Costing Partnership, David Thompson Regional Health Authority and Mistahia Regional Health Authority were not able to submit 2000/2001 cost data. Chinook Regional Health Authority only submitted inpatient cost data.

Cost data collected for 2000/2001 continued to focus on inpatient and ambulatory care services. In total, cost data submitted by the Regions for inpatient services totaled over 130,000 patient records and over 1.4 million costed visits for ambulatory care.

The availability of multiple years of cost data has improved the robustness and stability of both the inpatient and ambulatory care data sets. Alberta's continued success has been possible as a result of the commitment of the regional health authorities and the Ministry to continue to collect and produce reliable cost data.

### **Comparison of Cost and Activity Data Collected**

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records	Provincial Activity Reported	Costed Records as % of Activity
1997/1998	130,000	330,000	39%	440,000	2.6 Million	17%
1998/1999	140,000	340,000	42%	1.1 Million	3.7 Million	29%
1999/2000	100,000	340,000	29%	1.1 Million	4.2 Million	26%
2000/2001	130,000	340,000	38%	1.4 Million	5.5 Million	25%

Cost data was provided from 16 different sites. Nine facilities (from four regions) provided inpatient cost data. While 13 facilities provided ambulatory care cost records, the data were not for all cost areas. With respect to emergency room costs there are a limited number of sites providing cost data, and in particular not as many costs from the larger facilities. The following table outlines the facilities and the type of cost information that was submitted for the 2000/2001 fiscal year.



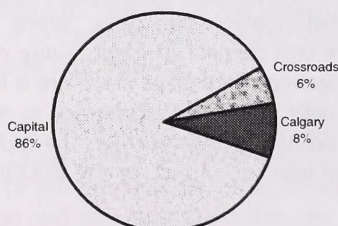
# Health Costing in Alberta 2002 Annual Report

## 2000/2001 Cost Data by Region/Facility

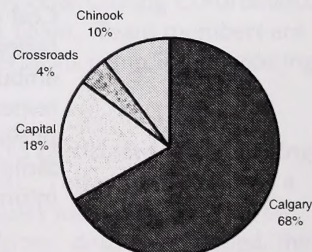
Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics
<b>Calgary</b>	<i>AB Children's</i>	Yes	Yes	Yes	No
	<i>Foothills</i>	Yes	No	No	No
	<i>Rockyview</i>	Yes	No	Yes	Yes
	<i>Peter Lougheed</i>	Yes	No	No	No
<b>Capital</b>	<i>Glenrose</i>	Yes	No	Yes	Yes
	<i>Misericordia</i>	No	No	Yes	Yes
	<i>Grey Nun's</i>	No	No	Yes	Yes
	<i>Royal Alexandra</i>	No	No	Yes	Yes
	<i>U of A</i>	Yes	Yes	Yes	Yes
	<i>Sturgeon</i>	No	No	Yes	Yes
	<i>Northeast Community</i>	No	No	No	Yes
<b>Chinook</b>	<i>Lethbridge Regional</i>	Yes	No	No	No
<b>Crossroads</b>	<i>Breton</i>	No	No	No	Yes
	<i>Drayton Valley</i>	Yes	Yes	Yes	Yes
	<i>Wetaskiwin</i>	Yes	Yes	Yes	Yes
	<i>Crossroads Non-Hospital</i>	No	No	Yes	Yes
<b>David Thompson</b>	No Cost Data Supplied for 2000/2001				
<b>Mistahia</b>	No Cost Data Supplied for 2000/2001				

The following charts show the number of costed records received from each region (shown as percentages). The Capital Health Authority currently provides over three-quarters of ambulatory care cost data, while Calgary Health Region contributed almost two-thirds of the inpatient data.

**Ambulatory Care Records**



**Inpatient Records**





## **Health Costing in Alberta** **2002 Annual Report**

### **Processes for 2000/2001 Cost Development**

For the most part, the same processes were utilized as in prior years. For both inpatient and ambulatory care, two years of cost data were blended together (2000/2001 and 1999/2000 data). If cells needed to be topped up, cost records were first taken from the 1998/1999 data and then the 1997/1998 data. This decision was made in order to increase the size of the database, which reduced the number of low-volume cells, as well as improved the stability of costs.

While not necessary in computing relative values, in order to combine the data and still arrive at appropriate average case costs, it was necessary to inflate the historical data. The following table lists the inflation rates:

<b>Fiscal Year of Cost Data</b>	<b>Inflation Rate Applied</b>
1999/2000	4.9%
1998/1999	2.7%
1997/1998	3.0%

A number of known issues with some of the historical data caused the following records to be excluded from being used as top-up cases.

- ♦ Bone Marrow Transplant Cases – Due to the advent in 1998/1999 of systems that allowed more accurate tracking of patient-specific drug costs within this area, it was felt that the 1997/1998 cost data did not correctly represent the costs for these types of visits. Therefore, the 1997/1998 records were not used as top-up cases.
- ♦ Certain Inpatient Percutaneous Transluminal Coronary Angioplasty (PTCA) Cases – A number of these procedures were done on an outpatient basis at one facility while the service recipient was a registered inpatient at a second facility. Since the cost of the outpatient procedure was not captured as part of the inpatient stay, these records were felt to be under-valued. Both the 1998/1999 and 1997/1998 costs were not included as top-up cases.

The data submitted was edited for reasonability. The following is an example of the edit checks used:

- ♦ Ambulatory Care:
  - Exclude any visits with a cost of less than \$5.00
  - Exclude any visits which did not include allocated overhead costs
- ♦ Inpatient:
  - Exclude any visits with a case cost of less than \$200.00 if the length of stay is not one day or less.
  - Exclude any cases without nursing costs
  - Exclude any visits with a cost per day less than \$50.00

- Exclude any visits which did not include allocated overhead costs
- Exclude any visits beyond the trim point

The rest of the costing process remained constant with prior years' cost development.

### ***Data Flows***

Cost data collected by the participating RHAs is forwarded to the External Financial Reporting Branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient-specific case costs, provincial average costs and relative values.

The final stage of the data flow is to provide the results to users. One of the key users of the information is the Health Resourcing Branch of Alberta Health and Wellness. Provincial average case costs for ambulatory care are used in the funding formula. Likewise, funding for Province Wide Services uses the provincial average costs from the Inpatient data.

CIHI is another key user of the costing results. The final set of cost data is sent to CIHI to be combined with cost data from Ontario to develop new RIWs by Case Mix Groups (CMGs). Health Resourcing uses these RIWs in the funding formula inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data is provided back to the regions in a summarized format. Within the regions, cost data is used for purposes such as rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

### ***Data Collection Processes***

The costing exercise is heavily dependent upon data collection and various systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient-specific cost data.

#### ***Activity Data***

Activity data is collected by all regions and represents unique information for each particular service. For example, the ambulatory care activity data includes:



## ***Health Costing in Alberta 2002 Annual Report***

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- ♦ Patient Demographics (Birthdate, Personal Health Number, gender, etc.)
- ♦ Procedure/Diagnosis codes
- ♦ Service Date
- ♦ Service Location
- ♦ MIS Primary
- ♦ Patient Disposition
- ♦ Provider Type (optional)

Inpatient activity data is collected and submitted to CIHI (Discharge Abstract Database) and then forwarded to Alberta Health and Wellness.

Modifications are made to some records and then the file is re-grouped internally using the CMG grouper. Ambulatory care activity data is sent directly to Alberta Health and Wellness through H-Link and is grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper.

### ***Cost Data***

The costing regions provide patient-specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the two processes, in keeping with the overall costing framework. Cost data from the regions is submitted directly to Alberta Health and Wellness.

Although the data is submitted only once a year, the regions may send monthly, quarterly, or annual cost files. These files include, for each case, common information that is used to link the data. In addition, the files contain the following diverse information:

1. Patient Specific Supply Costs
  - ♦ Patient Specific Drug Costs
  - ♦ Patient Specific Supply Costs

These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).

2. Other Patient Specific Cost Data
  - ♦ Functional Centre Direct Costs: include all costs (salaries, drugs, medical, and surgical supplies) and other expenses in the patient care functional centres (called Absorbing Cost Centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.
  - ♦ Functional Centre Indirect Costs: include costs associated with the administration and support functional centres (called Transient Cost Centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, materials

management, facilities management, registration, patient food services, and health records.

- ♦ Non-specific Patient Drug Allocation: are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations.

### ***Cost Data Linkage Processes***

The data from the cost data files is initially summarized into one record that includes the total case cost. The second step in the process is to link these costed cases with the separate activity files to derive group assignments. Once linked, the relative values and average costs by group are calculated.

### ***Linking with Activity Files***

Each region uses the same set of fields (a combination of key fields) to uniquely identify a visit. For ambulatory care cost data, the combination of the following fields constitute a unique record:

- ♦ Fiscal Year
- ♦ Submission Period
- ♦ Submitter Prefix
- ♦ Submission Number
- ♦ Institution Number

Similar fields are used for the inpatient data:

- ♦ Fiscal Year
- ♦ Batch Number
- ♦ Batch Period
- ♦ Abstract Number
- ♦ Institution Number

### ***Trimming Data***

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. Trimming of inpatient cases in Alberta is based on the length of stay of the past three years of Alberta inpatient discharges. A trim point is determined for each cell and any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value



## ***Health Costing in Alberta 2002 Annual Report***

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and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

$(\text{Length of Stay of Third Quartile}) + (2 * (\text{Third Quartile} - \text{First Quartile}))$

An acceptable measure for use in trimming ambulatory care data has not been identified. During the review/validation of 1998/99 costs, the application of a trim point for each ACCS cell based on plus or minus three standard deviations from the cell mean was considered. Upon reviewing the results of this approach, the Costing Function Team determined that this method of trimming would not be employed, as it appeared to exclude a significant number of valid cases.

### ***Grouping of Data***

In previous years, the inpatient data was classified using the Refined Diagnosis Related Groups (RDRG) Grouper. However, nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. Health Resourcing began utilizing these RIWs in the 2001/2002 Health Region funding calculations, and continued to use them in the 2002/2003 calculations. The import/export calculations are also based on RIWs. Funding for Province Wide Services is based on CMGs as well. Consequently, the 2000/2001 cost results are now based on CMGs.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System or ACCS is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System (CACs), which is modeled upon Alberta's ACCS. Discussions regarding the merit of switching from ACCS to CACS are ongoing. Until a final decision is made, the ambulatory care cost results will be produced by ACCS.

### ***CMG Grouper***

Initially, the RDRG grouper was used as it was felt to be more reflective of hospital resource use than the CMG grouper. In subsequent years, CIHI has made modifications to the CMG grouper to allow for age and complexity overlays. These adjustments resulted in Alberta switching to this grouper.

The CMG grouper groups patients together who are similar in terms of resources used. The variables required to define the Case Mix Groups are:

- ♦ most responsible diagnosis,
- ♦ weight (for neonates),

- ♦ presence or absence of operating room procedures,
- ♦ surgical hierarchy/medical hierarchy, and
- ♦ diagnosis types 1, 2, W, X, and Y.

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use. The variables used in assigning the complexity levels are:

- ♦ major clinical categories/case mix groups,
- ♦ pre-admission comorbidity (type 1 diagnosis),
- ♦ post-admission comorbidity (type 2 diagnosis),
- ♦ service transfer diagnosis (type W, X, or Y diagnosis)
- ♦ comorbidity grades,
- ♦ number of body systems involved, and
- ♦ number of “complex” comorbidities.

The complexity levels are as follows:

- Plx 1 – no complexity
- Plx 2 – complexity related to chronic conditions
- Plx 3 – complexity related to serious/important conditions
- Plx 4 – complexity related to potentially life-threatening conditions
- Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology)

A Plx Group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx Group based on the age of the patient:

- 1 – 0 to 17 years old
- 2 – 18 to 69 years old
- 3 – 70 plus years old

The 2000/2001 inpatient data was classified using CMG2000. In addition, to obtain a common base for blending the two years of cost data, the 1999/2000 inpatient data was regrouped with this version of the grouper. Furthermore, all sources of top-up (historical Alberta costs from 1998/1999 and 1997/1998) were also regrouped using the latest version of the CMG grouper. When data from the two years were combined and after topping up those groups where activity existed in the Morbidity File, there remained a few Plx Groups for which a relative value was not derived. A relative value was calculated for all CMG groups.

### **ACCS Grouper**

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta



## *Health Costing in Alberta 2002 Annual Report*

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specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

Data required to run the ACCS grouper consists of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 423 groups. With the combined data set (2000/2001 and 1999/2000 cost data, plus top-up cases from 1998/1999 or 1997/1998), only six groups had no cost data reported, leaving a total of 417 groups populated to some degree.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

The review was carried out by the ACCS Grouper Cell Review Team, which included members of the Provincial Ambulatory Care Advisory Group and the Costing Function Team, as well as Department representatives from Health Resourcing and Information Planning. In addition, consulting services were provided by David Weger, who in his 1999 summer internship had done an initial review based on 1997/1998 cost data. Building on this work, but also supplemented by a further year's cost data (1998/1999) a complete statistical analysis was performed leading to the development of recommendations on potential ACCS group splits/mergers.

The team then reviewed these findings and also addressed other grouper issues that had been identified by the members of committees they represented. The final list of grouper modifications should go a long way to improving the homogeneity of many of the cells that previously had a high co-efficient of variation.

These grouper modifications were implemented for application to ACCS data collected as of April 1, 2000. This year's costing results reflect these changes.

### **Grouping Results**

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the contents of each group (i.e. ICD9-CM codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the Health Resourcing Branch of Alberta Health and Wellness (780-427-7040).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

### ***Data Top Up***

The availability of four years of consistent cost data resulted in a much more extensive data set upon which to base average costs and also a reduced requirement to rely upon other jurisdictions' data for top-up. Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. As in previous years, no attempt was made to top-up any cells for which no cases had been reported within the province.

Determining the top-up threshold is somewhat a subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or less cost records will require topping-up with additional cost data.

For inpatient case costing, there were a number of sources of top-up data available. As part of a bi-lateral agreement Alberta Health and Wellness entered into with the Ministry of Health in Ontario, access to data collected through the Ontario Case Costing Project (OCCP) was available for this purpose. In addition, Maryland cost data had also been purchased for this purpose.

Unfortunately, the data from these other jurisdictions is now outdated and had been grouped to RDRG rather than a CMG format. Consequently, the Costing Function Team decided not to use Ontario and Maryland data as top-up this year.

Therefore, for this year's cycle, the first source of inpatient top-up was the historical Alberta 1998/1999 cost data, followed by the 1997/1998 Alberta data. All CMG codes that were short of data (fewer than five cost records) were appropriately topped up by applying this method.

On the other hand, there were 16 Plx Groups that still did not have five cases. No further cases were added to determine an average cost. However, System-Wide Relative Values (SWRVs) were estimated for these Plx Groups based on related Plx Groups.

Since external sources of cost data do not exist for ambulatory care, the process for topping up low volume ACCS cells was of necessity somewhat different. After determining which cells would require top-up (based on the less than five standard), a two-step approach was used.

Firstly, records from the 1998/1999 and/or 1997/1998 Alberta cost data were used to top-up cells with less than five records. Then, if there were four or fewer costed records for a cell, it was agreed that the average cost of the



available records would be the value used. Those cells for which activity had been reported, but had zero costed cases represented another challenge. Based on the Costing Function Team recommendation, the overall average cost was considered as a reliable estimate for these remaining cells.<sup>1</sup>

Detailed information on top-up sources and low volume cells can be found in Schedules 4 and 8 for inpatient and ambulatory care respectively.

### **Costing Results and Cost Weight Development**

The inpatient and ambulatory care costs resulting from this process were once again used as part of the funding decisions to the regional health authorities for 2002/2003 funding. Province Wide Services average case costs and ambulatory care average costs were used to derive components of regional funding.

#### **Cost Weights**

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the Hospital Specific Relative Value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the Hospital Specific Relative Value (HSRV) for each group (ACCS cell, CMG, or Plx Group) for each hospital, then derives an initial System-Wide (including all hospitals) Relative Value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

#### **HSRV - Step 1**

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

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<sup>1</sup> Note these estimated costs were based on discussions at the last roundtable, which were not based on final costs.

# Health Costing in Alberta

## 2002 Annual Report

ACCS #	Description	Hospital A		Hospital B		Province-Wide	
		Cases	Average Cost \$	Cases	Average Cost \$	Cases	Average Cost \$ (wtd avg.)
26	Hernia	2	\$300.00	6	\$450.00	8	\$412.50
62	Hemodialysis	5	\$200.00	10	\$300.00	15	\$266.67
1009	Sprains	9	\$100.00	16	\$150.00	25	\$132.00
	Total Hospital	16	\$156.25	32	\$253.13	48	\$220.84

### HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the Hospital Specific Relative Value (HSRV) for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

ACCS #	Description	Hospital A		
		Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)
26	Hernia	2	\$300.00	$\$300/\$156.25=1.92$
62	Hemodialysis	5	\$200.00	$\$200/\$156.25=1.28$
1009	Sprains	9	\$100.00	$\$100/\$156.25=0.64$
	Total Hospital	16	\$156.25	N/A

### HSRV - Step 3

The initial System Wide Relative Values (SWRV) are calculated for each ACCS code by taking a weighted average of the hospital specific relative values from each facility. For each facility, the number of cases in an ACCS cell is multiplied by the HSRV for that ACCS cell. Then, the result is divided by the total number of cases in the system (province) for that particular ACCS code. The sum of the results of this calculation for all facilities is the Initial SWRV.



# Health Costing in Alberta

## 2002 Annual Report

		Hospital A		Province-Wide	
ACCS #	Description	Cases	Average Cost \$	Hospital Specific Relative Value (HSRV)	Initial System-Wide Relative Value (ISWRV) (wtd.avg. Of HSRVs)
26	Hernia	2	\$300.00	$\$300/\$156.25=1.92$	$(1.92*2/8)+(1.78*6/8)=1.8133$
62	Hemodialysis	5	\$200.00	$\$200/\$156.25=1.28$	$(1.28*5/15)+(1.19*10/15)=1.2168$
1009	Sprains	9	\$100.00	$\$100/\$156.25=0.64$	$(0.64*9/25)+(0.59*16/25)=0.6097$
	Total Hospital	16	\$156.25	N/A	N/A

**Note:** Calculates a system wide relative measure of the value of an ACCS cell compared to other ACCS cells

This calculation filters out the differences in efficiencies between hospitals. This can occur if a hospital is a teaching hospital, and would typically incur higher costs per case, or if a hospital uses different technology in treating patients.

### HSRV - Step 4

The Case Mix Index adjusts for differences in the case mix of treatments in a hospital. For example, if a hospital typically treats much more severe patients, the CMI will adjust the relative values to take that into account.

For each facility, the CMI is calculated by multiplying the SWRV for each ACCS cell by the number of cases in each cell for that facility. The resulting values are then summed. This total is then divided by the number of cases treated in that hospital, which results in the facility's CMI.

<b>Case Mix Index</b> = sum of adjusted value of cases (SWRV units)/actual number of cases = $15.1976/16 = 0.9498$
--

		Hospital A			
ACCS #	Description	Cases	Average Cost \$	Initial System-Wide Relative Value units= SWRV x # of cases	Adjusted Hospital Specific Relative Value (AHSRV)
26	Hernia	2	\$300.00	$1.8133*2=3.6267$	$1.92*0.9498=1.8237$
62	Hemodialysis	5	\$200.00	$1.2168*5=6.0840$	$1.28*0.9498=1.2158$
1009	Sprains	9	\$100.00	$0.6097*9=5.4869$	$0.64*0.9498=0.6079$
	Total Hospital	16	\$156.25	Total = 15.1976	

### Notes:

- Cases in Hosp A adjusted using average system-wide relative values.
- Relative value of ACCS adjusted by case mix index for Hospital A

The HSRVs for each ACCS code by facility are then multiplied by that facility's CMI to give a new set of Adjusted Hospital Specific Relative Values. For each ACCS cell, these AHSRVs are then summed from all of the hospitals and divided by the total number of cases in each case group to derive a new set of System Wide Relative Values.

### HSRV - Step 5

Steps 3 and 4 are repeated (weighting HSRVs, averaging HSRVs, and adjusting for Case Mix) until the difference between successive SWRVs is less than 1 percent.

The final results of the HSRV process for the 2000/2001 inpatient and ambulatory care cost data are outlined in Schedules 1 and 4. In these two schedules the results in the "blended" columns are based on the same set of data used in the costing process to produce relative values (all exclusions, including trimming, are applied to the data).

It should be noted, however, that while relative values were calculated for ambulatory care, they were not used in the funding calculations because the data was incomplete. Because of the partial reliance on the fee-for-service (FFS) claims file as a proxy for missing ambulatory care data, average case costs were used rather than relative values.

### **Contribution to National Resource Intensity Weights**

On an annual basis, Canadian Institute for Health Information (CIHI) develops and publishes a schedule of Resource Intensity Weights (RIWs) based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs). According to CIHI's web page<sup>2</sup>

'The resource intensity weights system is a resource allocation methodology for estimating a hospital's inpatient-specific costs for both acute and day procedure care.

RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".'

#### *'Uses —*

- translating case mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency'.

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<sup>2</sup> RIW™ and Expected Length of Stay Methodology at <http://www.cihi.ca/wedo/riw.shtml>, as at April 1, 2002.



## Health Costing in Alberta 2002 Annual Report

Alberta Health and Wellness provided CIHI with inpatient and ambulatory care case costs in previous years. It is expected that the final costs from 2000/2001 for inpatient and ambulatory care will also be provided to CIHI.

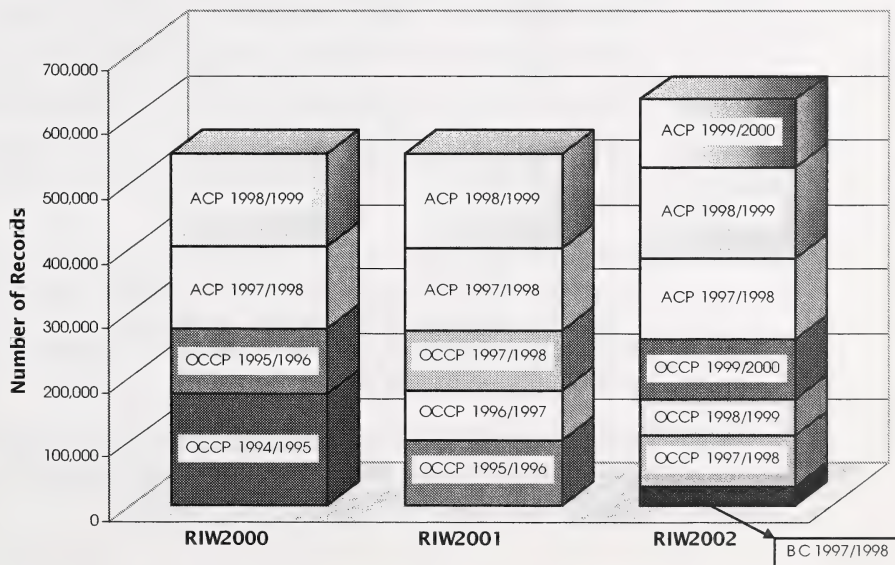
The national RIW Technical Working Group reviewed the initial data submitted for costing by Alberta Health and Wellness. They assessed it against the following criteria:

- ♦ The methodology for capturing cost data must be documented
- ♦ Sufficient data volume must exist
- ♦ Supply of data should be available on a timely basis, and
- ♦ Data must be statistically valid.

The review concluded that the quality as well as comparability with existing Ontario data made Alberta data an excellent contributor to the national RIWs. The all-Canadian RIW information is believed to be more reflective of the non-profit environment in Canada.

Every year the set of data utilized to develop the RIWs changes as both Alberta and Ontario continue to send updated records from more recent years. Also, RIW2002 includes data from British Columbia for the first time.

**Comparing Data Utilized by CIHI in Developing RIWs**



### **Issues for Resolution**

Although generally successful in achieving the primary objective, the ACP needs to resolve the remaining areas where improvements and or a review may be required:

- ◆ Further study of the use of +/- 3 standard deviations as a defensible mechanism for trimming ambulatory care data.
- ◆ Given the trimming process for ambulatory care identified above (+/- 3 standard deviations), development of a corresponding mechanism for recognizing the additional cost of outliers in funding.
- ◆ Continued search for a reliable source of top-up data for ambulatory care case costs
- ◆ Potential migration to other groupers.

The magnitude of some of these issues will determine the time frame in which they can be reviewed and addressed. It is the intention of External Financial Reporting to continue to build upon the partnerships it has developed with the RHAs to begin to address these items in a collaborative manner.

### **Conclusion**

In its fourth year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attests to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many, many hours of effort, an achievement of which all participants can be proud.

The External Financial Reporting Branch would like to thank all those individuals who have contributed to this work and look forward to continuing the partnership.









### Definitions

<b>Activity</b>	Total number of cases in Alberta in 2000/2001 reported by all facilities providing health services (Schedules 3 and 7)
<b>Average Cost</b>	Average of the costs of blended data, unless otherwise noted
<b>Average LOS</b>	Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation
<b>Blended</b>	Results based on cost records from 2000/2001 and 1999/2000, as well as all top-up records
<b>Coefficient of Variation</b>	Measures the spread of the cost data (based on the blended set of cost records), as a proportion of the average cost (mean). It is the ratio of the standard deviation divided by the mean.
<b>Cost per Day</b>	Total costs divided by total length of stay from blended cases
<b>Costed Cases</b>	Includes the number of blended cases that have been costed, unless otherwise indicated. The total number of cases costed for each CMG group may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups.
<b>Direct Cost</b>	Includes all costs directly incurred by the department providing the service to the patient. This typically includes health provider costs, direct supervision, supplies, and equipment costs.
<b>Indirect Cost</b>	Includes costs incurred by departments not providing services to patients. This includes administrative services such as finance, human resources, IT, and support services such as plant, costs, material management, housekeeping, admitting and registration, health records and food services.
<b>Low Volume</b>	Cells that have five or fewer costed cases
<b>Manual Top-Up</b>	A proxy case used to provide an estimated or derived cost when no cases were costed
<b>Plx Level</b>	Complexity Level (see page 10)
<b>Standard Deviation</b>	Measures the variability or distribution of the cost data (based on the blended set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.
<b>SWRV</b>	System wide relative value (see page 13 - 15)
<b>Trim Point</b>	The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical

**Note:** 1999/2000 results are based only on that year's cost data, appropriately inflated as indicated on page 5. 2000/2001 results are based only on actual 2000/2001 cost records submitted.











## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
001	PWS - Craniotomy Procedures		7.9	9,076	3,276	12,351	1,569	1,369	
001		Pix1	6.3	7,111	2,685	9,796	1,549	1,335	
001		Pix2	9.2	9,700	3,269	12,969	1,405	219	
001		Pix3	12.1	12,880	4,407	17,287	1,424	139	
001		Pix4	22.8	27,622	9,213	36,835	1,619	233	
003	PWS - Spinal Procedures		5.8	6,155	2,425	8,580	1,468	258	
003		Pix1	4.6	5,148	2,161	7,309	1,584	205	
003		Pix2	10.5	9,545	3,568	13,113	1,255	31	
003		Pix3	11.9	11,129	3,620	14,749	1,238	12	
003		Pix4	21.8	19,889	6,347	26,236	1,205	13	
004	PWS - Extracranial Vascular Procedures		4.0	4,287	1,593	5,881	1,468	367	
004		Pix1	3.2	3,793	1,472	5,265	1,664	288	
004		Pix2	6.3	5,402	1,809	7,211	1,152	27	
004		Pix3	9.7	8,131	3,074	11,205	1,159	33	
004		Pix4	13.5	13,001	4,151	17,152	1,273	19	
005	PWS - Ventricular Shunt Revision		2.5	3,707	1,210	4,917	1,961	219	
005		Pix1	2.3	3,501	1,138	4,639	2,051	202	
005		Pix2	6.1	6,417	2,234	8,651	1,412	8	
005		Pix3	4.4	4,955	1,792	6,747	1,533	5	
005		Pix4	4.8	7,784	2,958	10,742	2,238	5	
006	Carpal Tunnel Release And Specified Nervous System Procedures		3.0	3,300	1,329	4,629	1,534	113	
006		Pix1	2.6	3,181	1,289	4,470	1,737	103	
006		Pix2	2.8	2,951	1,202	4,153	1,483	5	
006		Pix3	12.0	8,959	4,152	13,111	1,093	5	
006		Pix4	16.7	20,546	7,032	27,579	1,655	6	
007	Peripheral, Cranial Nerve And Other Neurological Procedures		7.5	6,471	2,053	8,524	1,143	131	
007		Pix1	3.9	4,176	1,316	5,492	1,399	95	
007		Pix2	13.4	6,376	2,440	8,816	656	16	
007		Pix3	11.2	10,098	2,970	13,069	1,167	5	
007		Pix4	40.2	30,487	10,414	40,901	1,018	17	



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
010	Neoplasm Of Nervous System		7.3	4,014	1,537	5,551	756	431
010		Pix1	5.8	3,241	1,242	4,483	773	273
010		Pix2	8.8	4,922	1,870	6,792	775	75
010		Pix3	8.1	4,609	1,814	6,423	795	54
010		Pix4	15.3	8,179	2,990	11,169	732	24
011	Degenerative Nervous Disorders		13.7	5,891	2,332	8,223	598	273
011		Pix1	12.9	4,806	1,907	6,713	521	197
011		Pix2	16.6	6,946	2,741	9,687	585	37
011		Pix3	15.7	6,354	2,577	8,930	569	29
011		Pix4	32.5	23,751	8,614	32,365	997	13
012	Multiple Sclerosis And Cerebellar Disorders		7.4	3,411	1,314	4,725	642	160
012		Pix1	5.9	2,700	1,015	3,715	630	132
012		Pix2	15.7	7,178	2,818	9,996	637	13
012		Pix3	26.2	8,458	3,150	11,608	443	10
012		Pix4	15.8	10,338	3,705	14,044	889	5
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		9.4	4,944	1,904	6,849	728	2,565
013		Pix1	6.8	3,456	1,353	4,810	709	1,594
013		Pix2	13.2	6,411	2,573	8,985	678	374
013		Pix3	14.1	7,158	2,678	9,835	699	380
013		Pix4	22.5	13,387	4,999	18,387	817	246
014	Transient Ischemic Attacks And Precerebral Occlusions		4.8	2,695	900	3,595	745	760
014		Pix1	4.3	2,281	757	3,037	714	616
014		Pix2	8.2	4,246	1,600	5,846	712	77
014		Pix3	8.4	4,679	1,630	6,309	755	56
014		Pix4	18.4	11,192	3,981	15,173	826	27
015	Nonspecific Cerebrovascular Disorders		7.7	5,683	2,181	7,863	1,023	90
015		Pix1	6.4	3,741	1,368	5,109	800	65
015		Pix2	12.0	7,452	2,594	10,046	837	11
015		Pix3	12.8	8,199	3,230	11,429	894	9
015		Pix4	22.4	23,322	10,490	33,812	1,506	9



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
				Cost	Cost				
017	Cranial And Peripheral Nerve Diseases								
017		Pix1	5.5	7.1	3,298	1,210	4,508	639	315
017		Pix2	10.7	5.5	2,630	950	3,581	648	251
017		Pix3	16.4	10.7	4,846	1,859	6,704	626	35
017		Pix4	29.1	16.4	6,287	2,631	8,918	544	15
018	Viral Meningitis								
018		Pix1	3.0	3.0	1,422	519	1,940	639	130
018		Pix2	8.2	3.1	1,416	520	1,937	628	118
018		Pix3	4.2	8.2	3,726	1,220	4,946	606	6
018		Pix4	4.2	4.2	2,079	862	2,941	703	11
019	Infection Except Viral Meningitis								
019		Pix1	9.1	4.2	2,232	813	3,045	725	5
019		Pix2	7.8	9.1	5,529	2,115	7,645	838	232
019		Pix3	12.3	7.8	4,197	1,616	5,813	747	154
019		Pix4	12.1	12.3	7,187	2,983	10,170	829	23
020	Hypertensive Encephalopathy								
020		Pix1	7.6	12.1	6,619	2,454	9,073	747	29
020		Pix2	6.2	15.6	13,903	5,047	18,950	1,218	32
020		Pix3	4.0	7.6	5,546	1,699	7,246	950	8
020		Pix4	4.0	6.2	4,513	1,448	5,961	967	6
021	Non-Traumatic Stupor And Coma								
021		Pix1	12.0	4.0	3,061	1,524	4,585	1,146	1
021		Pix2	11.0	12.0	8,533	2,987	11,520	960	2
021		Pix3	5.3	11.0	8,106	1,812	9,918	902	1
021		Pix4	4.5	5.3	2,825	1,080	3,905	731	105
022	Seizure And Headache								
022		Pix1	4.5	4.5	2,277	936	3,213	714	68
022		Pix2	9.5	9.5	4,537	1,748	6,286	662	20
022		Pix3	7.5	7.5	4,028	1,516	5,543	736	15
022		Pix4	9.3	9.3	4,319	1,699	6,018	645	6
022		Pix1	3.2	3.2	1,843	680	2,523	795	1,774
022		Pix2	2.7	2.7	1,564	562	2,126	784	1,459
022		Pix3	3.9	3.9	2,161	846	3,007	762	111
022		Pix4	4.9	4.9	2,981	1,105	4,086	838	106
022		Pix1	9.7	9.7	8,627	3,253	11,880	1,228	37



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
028	Other Nervous System Diagnoses		4.9	3,192	1,154	827	4,346	889	387
028		Pix1	4.1	2,260	827	3,088	759	286	
028		Pix2	5.7	2,831	1,111	3,942	696	39	
028		Pix3	7.8	6,074	2,253	8,327	1,061	26	
028		Pix4	10.1	11,174	3,958	15,132	1,500	35	
040	Tracheostomy And Gastrostomy Procedures		45.9	44,182	16,971	61,152	1,331	421	
040		Pix1	23.6	12,917	5,611	18,528	785	91	
040		Pix2	38.1	21,843	9,394	31,237	819	16	
040		Pix3	33.3	19,158	7,808	26,966	810	41	
040		Pix4	57.6	61,003	22,908	83,911	1,456	278	
050	Orbital Procedures		1.0	1,515	451	1,966	1,966	73	
050		Pix1	1.0	1,515	451	1,966	1,966	73	
050		Pix2	2.2	2,373	686	3,059	1,390	5	
050		Pix3	3.8	3,324	1,223	4,547	1,197	5	
050		Pix4							
051	Other Intraocular Procedures		2.5	1,963	758	2,721	1,083	74	
051		Pix1	2.5	1,956	763	2,719	1,073	71	
051		Pix2	2.8	2,584	1,018	3,601	1,310	4	
051		Pix3	2.0	2,681	772	3,453	1,727	2	
051		Pix4							
052	Retinal Procedures		1.0	1,693	456	2,149	2,149	643	
052		Pix1	1.0	1,693	456	2,149	2,149	640	
052		Pix2	1.2	1,745	518	2,263	1,886	5	
052		Pix3	4.8	5,064	1,659	6,723	1,401	5	
052		Pix4	3.0	2,704	1,109	3,813	1,271	3	
053	Iris And Lens Procedures		2.0	1,416	576	1,992	996	9	
053		Pix1	2.0	1,426	570	1,996	998	8	
053		Pix2							
053		Pix3	2.0	1,339	627	1,966	983	1	
053		Pix4							



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
054	Extraocular Procedures		1.5	1,470	634	2,104	1,403
054		Pix1	1.4	1,445	614	2,059	1,426
054		Pix2	2.5	1,798	824	2,622	1,049
054		Pix3					2
054		Pix4	36.0	18,294	6,166	24,460	679
055	Lens Insertion (MNRH)		1.0	2,013	546	2,560	2,560
055		Pix1	1.0	2,012	542	2,554	2,554
055		Pix2	2.8	2,935	935	3,870	1,407
055		Pix3	5.0	3,792	1,414	5,206	1,041
055		Pix4	2.0	5,313	1,306	6,620	3,310
057	Other Ophthalmic Procedures (MNRH)		1.0	1,001	389	1,390	1,390
057		Pix1	1.0	989	387	1,376	1,376
057		Pix2	2.6	2,128	813	2,941	1,131
057		Pix3	2.0	5,297	1,488	6,785	3,393
057		Pix4	9.5	10,655	3,702	14,356	1,511
060	Major Eye Infections		3.9	1,600	629	2,228	565
060		Pix1	4.0	1,575	625	2,200	554
060		Pix2	5.7	2,547	1,044	3,590	634
060		Pix3	10.4	5,787	2,819	8,605	827
060		Pix4					5
062	HypHEMA		3.4	1,125	436	1,561	455
062		Pix1	3.2	858	393	1,250	395
062		Pix2					6
062		Pix3	5.5	2,332	915	3,247	590
062		Pix4					2
063	Other Ophthalmic Diagnoses (MNRH)		3.2	2,033	693	2,726	854
063		Pix1	3.0	1,796	618	2,414	817
063		Pix2	10.5	5,069	1,948	7,017	668
063		Pix3	11.8	3,358	1,651	5,009	424
063		Pix4	9.0	11,046	3,492	14,538	1,615



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
075	PWS - Radical Laryngectomy And Glossectomy		19.6	18,499	9,169	27,668	1,409
075		Pix1	15.4	14,985	7,349	22,334	1,455
075		Pix2	15.6	15,715	8,704	24,419	1,565
075		Pix3	23.2	21,892	11,741	33,633	1,450
075		Pix4	42.4	39,711	20,488	60,199	1,421
076	PWS - Major Head And Neck Procedures		11.7	13,018	6,197	19,215	1,639
076		Pix1	8.5	9,041	4,491	13,531	1,599
076		Pix2	16.9	16,734	8,487	25,221	1,491
076		Pix3	16.5	17,206	8,170	25,375	1,538
076		Pix4	19.3	27,050	11,426	38,476	1,998
077	Less Extensive Head And Neck Procedures		1.5	1,535	644	2,179	1,474
077		Pix1	1.5	1,510	636	2,147	1,464
077		Pix2	3.9	5,039	2,384	7,422	1,909
077		Pix3	7.8	6,947	2,924	9,871	1,266
077		Pix4	17.0	21,426	7,858	29,284	1,723
078	Cleft Lip And Palate Repair		1.6	2,009	902	2,911	1,803
078		Pix1	1.9	2,290	998	3,287	1,691
078		Pix2	2.6	2,807	1,300	4,107	1,597
078		Pix3	2.4	4,181	1,852	6,033	2,514
078		Pix4					
081	Salivary Gland Procedures		1.6	2,112	908	3,020	1,942
081		Pix1	1.5	2,060	880	2,940	1,925
081		Pix2	2.6	3,366	1,937	5,302	2,039
081		Pix3	4.2	3,964	1,322	5,286	1,258
081		Pix4	14.0	10,792	3,530	14,322	1,023
082	Minor Ear, Nose And Throat Procedures		1.4	1,180	566	1,745	1,208
082		Pix1	1.0	811	382	1,193	1,193
082		Pix2	2.0	1,336	786	2,122	1,061
082		Pix3					
082		Pix4	10.0	27,772	7,647	35,420	3,542
082							1



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
083	Reconstructive ENT Procedures		2.6	3,387	1,276	4,663	1,797	387
083		Pix1	2.5	3,312	1,251	4,563	1,804	374
083		Pix2	4.6	5,278	1,796	7,074	1,526	11
083		Pix3	6.0	6,780	2,907	9,686	1,614	3
083		Pix4	3.0	5,055	1,558	6,612	2,204	1
084	Miscellaneous Ear, Nose And Throat Procedures		1.3	1,537	653	2,191	1,623	103
084		Pix1	1.3	1,526	645	2,170	1,636	101
084		Pix2	6.0	6,079	2,115	8,194	1,366	5
084		Pix3	3.0	3,251	1,728	4,980	1,660	1
084		Pix4	15.2	24,968	8,990	33,958	2,234	5
085	Mastoid Procedures		1.6	9,916	1,117	11,033	7,038	148
085		Pix1	1.6	9,948	1,112	11,060	7,096	145
085		Pix2	1.6	5,987	1,126	7,113	4,446	5
085		Pix3						
085		Pix4	31.0	21,923	7,796	29,719	959	1
086	Other Tonsillar Procedures		3.0	2,166	842	3,008	991	56
086		Pix1	2.8	1,710	670	2,380	841	47
086		Pix2	2.6	2,881	1,201	4,082	1,587	7
086		Pix3	5.5	4,725	2,287	7,012	1,275	2
086		Pix4						
087	Sinus Procedures		1.0	1,172	475	1,647	1,647	78
087		Pix1	1.0	1,172	475	1,647	1,647	78
087		Pix2	3.0	2,199	873	3,072	1,024	5
087		Pix3	14.6	9,826	5,455	15,281	1,047	5
087		Pix4	16.6	12,947	4,916	17,863	1,076	5
088	Ethmoidectomy (MNRH)		1.0	1,070	438	1,508	1,508	63
088		Pix1	1.0	1,072	440	1,513	1,513	62
088		Pix2	2.0	1,781	640	2,420	1,210	2
088		Pix3	1.8	1,960	889	2,849	1,628	4
088		Pix4						



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
089	Dental Extraction Or Restoration (MNRH)		1.4	1,377	600	1,977	1,408	109
089		Pix1	1.4	1,360	594	1,955	1,383	104
089		Pix2	1.2	1,393	580	1,973	1,644	5
089		Pix3	4.2	4,022	1,834	5,856	1,394	5
089		Pix4						
090	External And Middle Ear Procedures (MNRH)		1.0	1,444	587	2,031	2,031	33
090		Pix1	1.0	1,444	587	2,031	2,031	33
090		Pix2	1.0	1,427	493	1,921	1,921	1
090		Pix3						
090		Pix4						
091	Nasal Procedures (MNRH)		1.0	1,039	445	1,483	1,483	86
091		Pix1	1.0	1,034	444	1,478	1,478	85
091		Pix2	1.5	1,324	584	1,908	1,272	2
091		Pix3						
091		Pix4						
092	Myringotomy (MNRH)		3.8	2,900	1,377	4,277	1,112	13
092		Pix1	1.8	1,518	761	2,279	1,302	8
092		Pix2	4.0	3,004	1,123	4,127	1,032	4
092		Pix3	4.0	2,551	1,325	3,876	969	3
092		Pix4						
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		1.0	1,096	523	1,619	1,619	302
093		Pix1	1.0	1,091	520	1,611	1,611	298
093		Pix2	1.7	2,042	839	2,881	1,728	6
093		Pix3	3.7	5,001	1,642	6,643	1,812	3
093		Pix4	11.6	10,168	4,007	14,175	1,222	5
100	ENT Malignancy		5.3	3,308	1,156	4,465	840	44
100		Pix1	2.8	2,014	777	2,791	1,002	28
100		Pix2	10.9	5,925	1,936	7,861	723	8
100		Pix3	10.5	5,946	2,059	8,005	762	6
100		Pix4	21.8	16,445	5,905	22,350	1,025	5



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
101	Acute Suppurative Infections		4.0	1,995	827	2,822	702
101		Pix1	3.9	1,859	809	2,668	678
101		Pix2	3.3	1,739	534	2,273	682
101		Pix3	5.8	3,701	1,078	4,780	831
101		Pix4	11.0	6,509	3,229	9,738	885
102	Dysequilibrium		3.6	1,376	496	1,872	522
102		Pix1	3.5	1,334	486	1,820	518
102		Pix2	9.1	3,385	1,110	4,495	492
102		Pix3	4.4	1,985	663	2,648	602
102		Pix4	5.0	1,332	639	1,971	394
104	Influenza		3.0	1,477	642	2,119	698
104		Pix1	2.9	1,303	585	1,887	657
104		Pix2	4.1	1,865	826	2,691	651
104		Pix3	3.8	1,844	756	2,600	680
104		Pix4	7.2	6,636	2,323	8,959	1,247
107	Epiglottitis		2.5	2,063	746	2,809	1,118
107		Pix1	2.3	1,916	676	2,593	1,120
107		Pix2	3.0	2,015	690	2,705	902
107		Pix3					
107		Pix4	5.0	10,407	3,807	14,214	2,843
108	Epistaxis		2.9	1,131	532	1,663	585
108		Pix1	2.8	1,044	495	1,539	540
108		Pix2	7.4	3,351	1,596	4,947	669
108		Pix3	4.1	2,484	1,130	3,614	872
108		Pix4	6.7	3,941	2,188	6,130	919
109	Other ENT Infections		3.4	1,445	662	2,107	620
109		Pix1	3.2	1,210	595	1,805	572
109		Pix2	4.7	2,623	1,078	3,701	784
109		Pix3	3.1	1,444	524	1,969	630
109		Pix4	11.8	6,906	2,850	9,755	827



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
113	Sinusitis (MNRH)		2.9	1,422	533	1,955	676	55
113		Pk1	2.9	1,357	536	1,893	659	47
113		Pk2	3.4	2,101	536	2,636	775	5
113		Pk3	7.6	2,984	1,279	4,262	561	5
113		Pk4	2.7	1,667	636	2,303	864	3
114	Sore Throat (MNRH)		2.4	1,116	450	1,566	645	291
114		Pk1	2.3	1,000	412	1,412	607	267
114		Pk2	3.5	2,554	753	3,307	955	13
114		Pk3	3.3	1,374	712	2,086	632	10
114		Pk4	7.3	7,675	2,803	10,478	1,445	4
115	Miscellaneous ENT Diagnoses (MNRH)		1.8	1,200	484	1,684	932	176
115		Pk1	1.0	856	365	1,221	1,221	90
115		Pk2	5.2	3,130	1,295	4,425	851	25
115		Pk3	5.5	3,643	1,404	5,046	912	15
115		Pk4	11.3	10,972	3,797	14,769	1,303	9
116	Croup (MNRH)		1.5	903	396	1,299	850	174
116		Pk1	1.5	897	391	1,288	852	168
116		Pk2	2.0	1,161	755	1,916	958	5
116		Pk3	3.5	1,322	801	2,123	607	4
116		Pk4	2.0	1,568	636	2,204	1,102	1
125	Tracheostomy		46.7	65,493	23,204	88,697	1,898	158
125		Pk1	14.4	11,498	3,871	15,369	1,070	11
125		Pk2	40.8	39,937	15,467	55,404	1,360	4
125		Pk3	19.9	17,298	6,582	23,880	1,203	7
125		Pk4	50.1	70,145	24,921	95,065	1,897	135
126	PWS - Resection Of Lung		8.7	7,637	2,933	10,570	1,219	295
126		Pk1	7.6	6,375	2,474	8,849	1,171	201
126		Pk2	9.6	7,578	2,931	10,508	1,095	45
126		Pk3	10.8	8,786	3,098	11,884	1,105	29
126		Pk4	20.4	26,087	9,685	35,772	1,750	25



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
127	Major Respiratory Procedures		9.2	7,080	2,658	9,738	1,061
127		Pix1	6.4	4,619	1,761	6,380	993
127		Pix2	10.3	6,948	2,766	9,714	942
127		Pix3	11.7	8,931	3,377	12,308	1,053
127		Pix4	25.5	28,074	9,424	37,498	1,472
128	Minor Respiratory Procedures		4.8	4,525	1,949	6,474	1,336
128		Pix1	3.6	3,121	1,398	4,519	1,270
128		Pix2	4.3	4,005	1,571	5,575	1,312
128		Pix3	10.8	9,991	4,164	14,155	1,311
128		Pix4	25.7	30,223	11,751	41,974	1,635
129	Other Respiratory Procedures		1.7	2,120	628	2,748	1,630
129		Pix1	1.4	1,958	564	2,522	1,818
129		Pix2	5.1	3,557	1,223	4,781	947
129		Pix3	9.8	5,204	2,098	7,302	747
129		Pix4	24.8	15,231	5,931	21,162	855
135	Tuberculosis		20.9	6,757	3,366	10,123	484
135		Pix1	21.2	6,263	3,317	9,580	453
135		Pix2	19.2	6,526	3,114	9,640	502
135		Pix3	20.3	6,802	3,301	10,102	498
135		Pix4	23.5	13,173	4,685	17,858	760
136	Respiratory Failure		10.4	9,869	3,319	13,189	1,266
136		Pix1	7.6	5,176	1,876	7,052	922
136		Pix2	9.0	6,229	2,199	8,428	934
136		Pix3	10.0	8,158	2,547	10,705	1,073
136		Pix4	15.0	19,173	6,144	25,317	1,683
137	Respiratory Infections And Inflammations		9.1	5,884	2,255	8,140	893
137		Pix1	7.2	3,521	1,446	4,967	691
137		Pix2	9.7	4,774	1,918	6,692	688
137		Pix3	10.9	6,634	2,444	9,078	833
137		Pix4	13.8	14,322	5,190	19,512	1,417



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
138	Respiratory Neoplasms		9.6	4,906	1,768	6,674	699	731
138		Pix1	7.4	3,630	1,323	4,953	670	325
138		Pix2	11.0	5,078	1,822	6,900	628	208
138		Pix3	11.7	5,788	2,185	7,973	684	123
138		Pix4	12.8	9,185	3,142	12,327	961	78
139	Interstitial Disease		8.6	4,993	1,984	6,976	815	197
139		Pix1	6.1	2,841	1,241	4,082	665	105
139		Pix2	9.6	4,723	1,839	6,561	683	31
139		Pix3	11.1	6,139	2,249	8,387	756	41
139		Pix4	16.7	15,930	6,060	21,990	1,316	21
140	Chronic Obstructive Pulmonary Disease (COPD)		7.1	2,823	1,111	3,934	551	358
140		Pix1	6.2	2,261	900	3,161	507	220
140		Pix2	8.0	2,882	1,211	4,093	512	81
140		Pix3	11.1	4,571	1,792	6,362	573	46
140		Pix4	20.6	10,840	3,758	14,598	710	20
141	Pulmonary Edema		6.3	6,300	2,172	8,473	1,335	107
141		Pix1	4.0	2,589	950	3,538	880	47
141		Pix2	6.7	3,444	1,445	4,889	732	25
141		Pix3	6.2	3,717	1,511	5,227	848	12
141		Pix4	13.9	21,881	7,191	29,072	2,088	25
142	Chronic Bronchitis		6.9	2,871	1,083	3,954	570	1,370
142		Pix1	6.0	2,148	822	2,970	499	1,176
142		Pix2	8.1	3,036	1,176	4,211	522	426
142		Pix3	9.5	4,738	1,730	6,468	678	177
142		Pix4	14.9	10,957	3,905	14,862	995	117
143	Simple Pneumonia And Pleurisy		5.8	2,749	1,095	3,844	659	4,434
143		Pix1	4.9	1,981	836	2,817	577	3,073
143		Pix2	7.4	3,213	1,248	4,461	603	680
143		Pix3	8.8	4,481	1,752	6,233	708	398
143		Pix4	14.3	11,802	4,206	16,008	1,121	352



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
144	Pneumothorax		4.3	2,254	835	3,089	723
144		Pix1	4.0	1,999	744	2,744	693
144		Pix2	7.3	3,842	1,551	5,392	735
144		Pix3	13.4	9,439	2,831	12,270	917
144		Pix4	13.7	10,514	3,650	14,163	1,036
145	Tracheobronchitis		3.2	1,804	786	2,590	807
145		Pix1	3.1	1,646	734	2,380	775
145		Pix2	4.9	3,095	1,308	4,403	896
145		Pix3	5.7	3,872	1,514	5,385	953
145		Pix4	14.9	24,454	8,092	32,546	2,182
146	Asthma		2.8	1,366	568	1,934	691
146		Pix1	2.7	1,234	518	1,751	661
146		Pix2	4.7	2,212	957	3,170	669
146		Pix3	5.1	2,969	1,191	4,160	817
146		Pix4	14.8	18,000	5,862	23,862	1,618
147	Other Respiratory Diagnoses		4.1	2,572	966	3,537	869
147		Pix1	3.3	1,876	739	2,615	792
147		Pix2	5.0	2,751	974	3,725	749
147		Pix3	6.5	4,242	1,603	5,845	902
147		Pix4	12.7	14,344	4,578	18,921	1,490
175	PWS - Heart Or Lung Transplant		28.5	49,184	18,926	68,110	2,390
175		Pix1	16.9	28,508	11,840	40,348	2,386
175		Pix2	15.2	30,950	12,127	43,077	2,827
175		Pix3	23.3	38,997	15,183	54,180	2,325
175		Pix4	51.3	77,670	30,117	107,787	2,103
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		25.3	27,402	8,645	36,047	1,423
176		Pix1	19.8	20,211	6,785	26,996	1,363
176		Pix2	20.0	20,640	6,545	27,185	1,357
176		Pix3	28.5	25,693	7,874	33,567	1,179
176		Pix4	31.1	40,026	12,493	52,519	1,689



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
				LOS	Cost				
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		10.0	16,600	5,170	21,770	2,172	813	
177		Pix1	7.2	12,623	3,977	16,600	2,297	331	
177		Pix2	8.7	14,716	4,441	19,157	2,193	188	
177		Pix3	12.2	18,296	5,637	23,934	1,956	148	
177		Pix4	19.7	32,651	10,358	43,009	2,180	149	
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		19.0	19,233	6,661	25,894	1,366	615	
178		Pix1	15.3	14,934	5,177	20,110	1,319	84	
178		Pix2	17.8	16,186	5,932	22,118	1,243	278	
178		Pix3	19.7	18,739	6,345	25,084	1,272	128	
178		Pix4	25.8	31,550	10,509	42,058	1,628	134	
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		8.5	10,758	4,239	14,997	1,769	2,475	
179		Pix1	6.5	8,829	3,708	12,537	1,928	831	
179		Pix2	8.3	10,048	3,947	13,995	1,687	1,054	
179		Pix3	10.7	12,871	4,798	17,669	1,655	387	
179		Pix4	16.8	23,403	8,813	32,215	1,919	216	
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		22.9	41,463	14,149	55,612	2,426	39	
181		Pix1	13.0	11,176	4,019	15,195	1,169	5	
181		Pix2	19.1	20,901	7,028	27,928	1,461	9	
181		Pix3	18.3	27,483	9,734	37,217	2,030	6	
181		Pix4	27.7	60,791	20,634	81,426	2,945	20	
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		8.1	13,143	4,995	18,139	2,239	420	
182		Pix1	6.3	9,940	3,842	13,782	2,190	205	
182		Pix2	7.8	12,136	4,669	16,805	2,166	99	
182		Pix3	9.0	14,591	5,739	20,330	2,270	44	
182		Pix4	17.3	32,868	11,935	44,803	2,591	75	
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		12.2	14,486	4,671	19,157	1,567	114	
183		Pix1	10.1	9,303	3,153	12,457	1,233	19	
183		Pix2	14.0	14,482	4,353	18,834	1,342	27	
183		Pix3	6.1	8,648	2,409	11,057	1,814	21	
183		Pix4	16.0	20,762	6,841	27,602	1,723	48	



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		9.1	11,563	3,804	15,368	1,690	193
184		Pix1	8.2	7,599	2,800	10,399	1,264	61
184		Pix2	7.3	9,693	3,118	12,811	1,747	45
184		Pix3	8.9	10,450	3,194	13,644	1,535	35
184		Pix4	14.9	21,195	6,671	27,866	1,864	59
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		13.1	28,137	5,688	33,825	2,581	262
185		Pix1	8.0	25,939	4,729	30,667	3,838	101
185		Pix2	12.9	27,830	5,042	32,872	2,545	73
185		Pix3	17.3	30,349	6,592	36,941	2,134	45
185		Pix4	21.9	31,465	8,186	39,651	1,810	44
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		5.5	14,154	2,686	16,839	3,051	908
186		Pix1	3.8	13,123	2,307	15,430	4,043	669
186		Pix2	10.4	17,036	3,708	20,744	2,004	153
186		Pix3	13.8	18,261	4,097	22,357	1,615	75
186		Pix4	18.0	24,130	6,222	30,351	1,684	38
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		4.8	7,972	2,165	10,137	2,103	1,649
188		Pix1	4.2	7,538	2,022	9,561	2,285	1,256
188		Pix2	5.8	8,519	2,343	10,863	1,882	257
188		Pix3	8.8	10,325	2,942	13,268	1,516	89
188		Pix4	14.9	15,759	4,917	20,676	1,389	64
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		2.5	6,184	1,595	7,779	3,105	2,330
189		Pix1	1.0	5,401	1,349	6,750	6,750	811
189		Pix2	3.3	6,569	1,743	8,312	2,536	1,251
189		Pix3	8.4	9,584	2,931	12,515	1,487	101
189		Pix4	16.0	16,116	5,280	21,396	1,341	24
191	Temporary Cardiac Pacemaker		7.1	5,918	2,087	8,005	1,132	87
191		Pix1	5.9	4,227	1,408	5,635	955	31
191		Pix2	3.9	4,642	1,626	6,267	1,607	10
191		Pix3	6.4	5,042	1,707	6,749	1,059	16
191		Pix4	8.7	8,404	2,963	11,366	1,310	28



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
193	Cardiac Pacemaker Device Replacement Or Revision		2.0	7,905	1,151	9,056	4,590	147
193		Pix1	1.9	7,650	1,119	8,769	4,681	134
193		Pix2	8.5	13,958	2,314	15,971	1,870	13
193		Pix3	5.6	9,442	1,783	11,226	2,021	9
193		Pix4	11.5	10,703	2,140	12,843	1,117	2
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		1.8	3,699	977	4,677	2,602	390
194		Pix1	1.4	3,418	836	4,254	3,116	326
194		Pix2	4.6	5,278	1,660	6,938	1,496	36
194		Pix3	5.4	6,725	2,308	9,033	1,668	12
194		Pix4	11.6	19,589	7,557	27,145	2,346	14
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		4.9	5,624	1,645	7,269	1,471	67
200		Pix1	2.5	3,117	832	3,949	1,561	17
200		Pix2	5.5	5,980	1,691	7,671	1,386	15
200		Pix3	4.2	4,721	1,335	6,056	1,446	16
200		Pix4	8.7	11,179	3,672	14,852	1,700	19
201	AMI With Cardiac Cath With Congestive Heart Failure		11.5	7,665	2,703	10,368	898	70
201		Pix1	11.2	6,202	2,380	8,583	766	44
201		Pix2	11.4	7,699	2,661	10,361	909	10
201		Pix3	9.1	6,775	2,114	8,889	976	9
201		Pix4	17.0	17,958	5,547	23,505	1,383	7
202	AMI With Cardiac Cath With Ventricular Tachycardia		11.2	8,344	2,578	10,922	975	15
202		Pix1	9.2	4,187	1,449	5,636	611	9
202		Pix2	12.0	7,081	2,495	9,576	798	2
202		Pix3	15.8	5,521	1,973	7,494	476	4
202		Pix4	14.7	23,039	6,510	29,549	2,015	3
203	AMI With Cardiac Cath With Angina		8.6	4,620	1,633	6,253	726	36
203		Pix1	8.1	4,247	1,535	5,782	716	28
203		Pix2	10.6	4,119	1,328	5,447	514	5
203		Pix3	9.8	6,087	2,216	8,303	852	4
203		Pix4	27.5	16,441	6,122	22,563	820	2



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Cost per Day	Costed Cases
				Direct Cost	Cost			
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		8.1	5,134	1,843	6,978	863	279
204		Pix1	7.8	4,690	1,685	6,374	812	246
204		Pix2	9.8	6,571	2,476	9,047	925	14
204		Pix3	6.6	4,442	1,424	5,866	893	7
204		Pix4	11.8	12,973	4,605	17,578	1,485	12
205	AMI Without Cardiac Cath With Congestive Heart Failure		10.2	5,299	2,031	7,330	722	321
205		Pix1	8.7	4,222	1,674	5,896	680	185
205		Pix2	11.1	6,084	2,347	8,432	757	52
205		Pix3	13.7	7,024	2,551	9,575	701	47
205		Pix4	14.6	9,070	3,270	12,339	843	38
206	AMI Without Cardiac Cath With Ventricular Tachycardia		6.0	3,726	1,419	5,146	858	62
206		Pix1	5.2	3,227	1,276	4,503	868	42
206		Pix2	6.4	2,664	1,222	3,887	603	9
206		Pix3	7.2	5,037	1,678	6,714	933	5
206		Pix4	8.8	8,512	2,736	11,248	1,278	5
207	AMI Without Cardiac Cath With Angina		7.9	3,830	1,475	5,304	675	70
207		Pix1	7.6	3,385	1,252	4,638	608	64
207		Pix2	15.4	10,911	4,940	15,851	1,029	5
207		Pix3	10.8	6,365	2,607	8,972	831	5
207		Pix4	9.0	4,157	1,798	5,956	662	3
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		5.8	3,218	1,185	4,403	755	1,083
208		Pix1	5.8	3,042	1,134	4,177	722	924
208		Pix2	6.9	3,696	1,412	5,108	739	78
208		Pix3	7.4	4,651	1,631	6,282	851	57
208		Pix4	10.5	7,647	2,673	10,320	981	46
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		9.0	3,094	1,363	4,457	495	9
210		Pix1	9.4	3,318	1,475	4,793	511	8
210		Pix2	6.0	1,298	465	1,763	294	1
210		Pix3	28.0	15,215	7,085	22,300	796	1
210		Pix4						



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		7.9	3,128	1,381	4,509	571
211		Pix1	7.9	3,075	1,365	4,440	562
211		Pix2	8.6	3,769	1,664	5,434	632
211		Pix3	11.5	6,059	2,653	8,712	758
211		Pix4					2
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		5.6	2,375	1,001	3,375	600
212		Pix1	4.9	2,050	909	2,958	610
212		Pix2	6.7	2,895	1,070	3,965	592
212		Pix3	8.6	3,499	1,392	4,891	569
212		Pix4	7.2	3,534	1,582	5,116	711
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		4.3	1,822	737	2,559	595
213		Pix1	4.3	1,791	730	2,521	591
213		Pix2	5.9	2,602	950	3,552	607
213		Pix3	8.3	3,180	1,221	4,401	531
213		Pix4	10.7	3,705	1,378	5,083	477
215	Cardiac Cath With Congestive Heart Failure		13.5	8,953	3,233	12,186	900
215		Pix1	10.6	5,976	2,135	8,111	766
215		Pix2	19.3	10,719	4,080	14,799	767
215		Pix3	17.1	12,164	4,092	16,256	953
215		Pix4	23.0	20,418	7,792	28,210	1,225
216	Cardiac Cath With Ventricular Tachycardia		8.8	5,767	2,158	7,925	899
216		Pix1	8.1	5,066	1,889	6,955	858
216		Pix2	11.8	7,761	2,906	10,667	906
216		Pix3	16.1	9,024	3,479	12,503	775
216		Pix4	11.8	11,994	4,494	16,488	1,397
217	Cardiac Cath With Unstable Angina		6.5	4,203	1,431	5,633	866
217		Pix1	6.2	4,052	1,371	5,422	868
217		Pix2	8.9	5,526	1,982	7,508	845
217		Pix3	11.7	5,857	2,041	7,698	660
217		Pix4	15.8	12,635	4,826	17,460	1,105



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
218	Cardiac Cath Without Specified Cardiac Conditions		4.2	3,301	1,069	4,370	1,037	928
218		Pix1	4.1	3,165	1,030	4,195	1,017	864
218		Pix2	5.2	4,118	1,270	5,389	1,044	50
218		Pix3	8.8	5,463	1,821	7,284	823	13
218		Pix4	15.2	18,223	5,701	23,924	1,577	6
219	Endocarditis		15.8	8,013	3,348	11,361	717	95
219		Pix1	10.4	4,346	2,093	6,438	621	46
219		Pix2	17.1	7,173	3,186	10,359	606	10
219		Pix3	20.9	8,266	3,386	11,652	556	17
219		Pix4	24.5	16,660	6,431	23,091	942	23
220	Pulmonary Embolism		6.9	3,376	1,239	4,616	672	540
220		Pix1	6.1	2,723	1,023	3,746	615	305
220		Pix2	7.6	3,593	1,302	4,895	646	170
220		Pix3	9.7	5,046	1,876	6,922	717	41
220		Pix4	11.8	9,240	3,541	12,781	1,079	32
222	Heart Failure		8.4	3,380	1,349	4,729	563	2,375
222		Pix1	7.0	2,634	1,062	3,696	531	1,555
222		Pix2	10.2	4,019	1,614	5,633	551	427
222		Pix3	13.1	5,413	2,078	7,491	574	229
222		Pix4	16.6	9,296	3,510	12,807	771	192
225	Hypertensive Heart Disease		7.4	2,967	1,074	4,041	545	88
225		Pix1	6.6	2,697	1,000	3,698	556	65
225		Pix2	9.3	3,026	1,139	4,165	449	15
225		Pix3	20.7	8,573	3,057	11,630	561	7
225		Pix4	11.4	5,194	1,909	7,103	623	5
226	Other Circulatory Diagnoses		5.6	2,911	1,076	3,987	717	722
226		Pix1	4.4	2,151	793	2,944	672	485
226		Pix2	7.8	3,742	1,459	5,201	666	133
226		Pix3	8.1	4,630	1,682	6,312	778	72
226		Pix4	13.3	10,212	3,738	13,950	1,051	37



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost		
229	Atherosclerosis (MNRH)		6.1	2,826	1,011	3,836	1,654
229		Pix1	5.7	2,603	926	3,529	624
229		Pix2	7.9	3,754	1,375	5,129	650
229		Pix3	13.1	5,690	2,140	7,829	598
229		Pix4	11.7	6,483	2,332	8,815	755
232	Acquired Valvular Disorders (MNRH)		7.9	3,263	1,291	4,554	579
232		Pix1	7.6	2,608	989	3,597	474
232		Pix2	6.9	4,246	1,612	5,858	850
232		Pix3	8.6	5,944	2,722	8,665	1,013
232		Pix4	15.4	5,902	2,087	7,990	519
233	Hypertension (MNRH)		4.3	1,923	715	2,638	611
233		Pix1	3.8	1,632	613	2,246	589
233		Pix2	6.1	2,709	1,015	3,724	613
233		Pix3	11.4	5,062	2,153	7,215	633
233		Pix4	13.4	10,002	3,284	13,286	989
234	Congenital Cardiac Disorders (MNRH)		4.1	3,049	1,094	4,143	1,013
234		Pix1	2.6	1,410	556	1,966	765
234		Pix2	4.1	3,888	1,280	5,169	1,253
234		Pix3	10.7	8,630	3,127	11,758	1,097
234		Pix4	7.8	5,397	2,002	7,399	949
235	Angina Pectoris		3.7	1,584	589	2,173	592
235		Pix1	3.6	1,571	583	2,154	598
235		Pix2	5.1	1,752	648	2,400	473
235		Pix3	10.1	4,491	1,591	6,082	601
235		Pix4	2.0	1,366	471	1,837	918
237	Arrhythmia		5.0	2,251	834	3,086	621
237		Pix1	4.2	1,907	699	2,606	622
237		Pix2	7.3	2,937	1,138	4,074	556
237		Pix3	10.5	4,758	1,707	6,465	616
237		Pix4	14.3	8,640	3,019	11,659	816



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
240	Syncope And Collapse		4.2	1,658	654	2,312	548	529
240		Pix1	3.6	1,452	562	2,013	552	444
240		Pix2	5.5	2,135	862	2,997	547	48
240		Pix3	10.1	3,920	1,626	5,546	547	15
240		Pix4	14.5	5,782	2,691	8,473	584	6
242	Chest Pain		2.8	1,426	489	1,915	692	2,008
242		Pix1	2.7	1,395	479	1,874	692	1,868
242		Pix2	4.4	2,067	743	2,810	639	146
242		Pix3	5.5	2,762	917	3,679	665	17
242		Pix4	9.0	4,206	1,806	6,012	668	5
250	Extensive Gastrointestinal Procedures		19.4	17,910	7,395	25,305	1,304	70
250		Pix1	14.9	12,147	5,416	17,563	1,177	27
250		Pix2	14.5	12,537	5,081	17,617	1,215	14
250		Pix3	19.4	13,993	5,605	19,598	1,008	9
250		Pix4	29.5	35,434	14,403	49,837	1,688	19
251	Gastrostomy And Colostomy Procedures		17.3	12,112	4,959	17,071	985	1,147
251		Pix1	11.4	6,672	2,960	9,632	844	497
251		Pix2	14.5	9,022	3,690	12,711	875	158
251		Pix3	18.4	11,447	4,805	16,251	885	161
251		Pix4	31.1	26,674	10,174	36,848	1,184	342
252	Major Esophageal, Stomach And Duodenum Procedures		13.6	9,428	4,314	13,742	1,013	132
252		Pix1	11.0	6,533	3,234	9,766	888	79
252		Pix2	14.3	8,603	4,050	12,652	883	18
252		Pix3	19.6	13,699	5,805	19,504	996	17
252		Pix4	23.5	24,845	9,286	34,131	1,454	19
253	Major Intestinal And Rectal Procedures		10.2	6,084	2,619	8,703	855	2,203
253		Pix1	8.8	5,007	2,230	7,236	824	1,429
253		Pix2	11.6	6,627	2,773	9,400	813	326
253		Pix3	13.4	7,809	3,368	11,176	832	268
253		Pix4	21.1	16,968	6,499	23,466	1,110	235



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
255 Less Extensive Esophageal, Stomach And Duodenum Procedures								
255		Pix1	6.3	4,425	1,843	6,268	999	735
255		Pix2	5.5	3,584	1,569	5,152	939	595
255		Pix3	8.4	5,574	2,281	7,855	937	50
255		Pix4	13.0	8,640	3,433	12,073	932	49
255		Pix4	18.2	16,533	6,130	22,664	1,245	73
258 Laparotomy								
258		Pix1	7.7	4,584	1,950	6,533	843	881
258		Pix2	6.7	3,632	1,636	5,268	786	645
258		Pix3	9.6	5,569	2,431	7,999	832	96
258		Pix4	10.8	6,535	2,507	9,042	834	68
258		Pix4	16.0	14,267	5,132	19,399	1,211	86
260 Less Extensive Intestinal And Rectal Procedures								
260		Pix1	5.1	3,407	1,413	4,820	946	43
260		Pix2	4.7	3,263	1,380	4,643	982	33
260		Pix3	7.0	3,843	1,503	5,346	764	5
260		Pix4	6.2	3,478	1,571	5,050	819	6
260		Pix4	15.2	8,457	3,575	12,033	792	5
261 Complicated Appendectomy								
261		Pix1	5.3	3,096	1,250	4,346	826	673
261		Pix2	4.8	2,812	1,137	3,949	817	562
261		Pix3	7.4	4,395	1,763	6,157	836	69
261		Pix4	9.0	5,435	1,953	7,367	825	40
261		Pix4	10.6	8,747	3,129	11,876	1,115	17
262 Simple Appendectomy								
262		Pix1	2.4	1,771	705	2,476	1,025	1,690
262		Pix2	2.4	1,734	695	2,429	1,021	1,604
262		Pix3	3.7	2,483	986	3,470	935	73
262		Pix4	4.6	3,509	1,246	4,755	1,032	33
262		Pix4	9.6	4,979	2,049	7,028	732	5
264 Minor Gastrointestinal Procedures								
264		Pix1	3.3	2,572	1,240	3,812	1,138	83
264		Pix2	3.1	2,419	1,226	3,645	1,181	69
264		Pix3	6.4	4,176	1,592	5,768	901	10
264		Pix4	5.9	4,361	1,718	6,079	1,038	7
264		Pix4	4.6	5,454	1,797	7,251	1,576	5



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
265	Abdominal Laparoscopy		2.9	1,973	744	2,717	953
265		Pix1	2.7	1,872	697	2,569	942
265		Pix2	5.2	2,453	1,499	3,952	760
265		Pix3	5.3	3,819	1,506	5,324	998
265		Pix4	11.8	7,519	3,060	10,579	900
266	Anus And Stomal Procedures (MNRH)		2.3	1,446	590	2,036	892
266		Pix1	2.2	1,398	574	1,973	895
266		Pix2	4.1	2,441	916	3,357	809
266		Pix3	6.6	3,799	1,252	5,052	761
266		Pix4	12.2	10,077	3,869	13,946	1,146
269	Bilateral Hernia Procedures		2.2	1,796	740	2,536	1,164
269		Pix1	1.7	1,549	643	2,192	1,325
269		Pix2	5.3	3,236	1,254	4,490	845
269		Pix3	6.0	5,365	1,892	7,257	1,218
269		Pix4	9.3	6,974	2,466	9,440	1,014
271	Unilateral Hernia Procedures (MNRH)		1.5	1,477	614	2,090	1,378
271		Pix1	1.5	1,432	594	2,026	1,355
271		Pix2	4.5	2,923	1,101	4,025	894
271		Pix3	7.8	5,361	2,676	8,036	1,030
271		Pix4	12.4	8,105	2,651	10,756	867
279	Digestive System Malignancy		8.7	4,020	1,427	5,446	628
279		Pix1	6.8	2,920	1,079	3,999	591
279		Pix2	8.8	4,110	1,444	5,554	634
279		Pix3	14.8	6,611	2,286	8,897	601
279		Pix4	12.9	8,066	2,655	10,721	831
281	G.I. Hemorrhage		4.4	2,019	743	2,762	627
281		Pix1	3.8	1,681	618	2,299	605
281		Pix2	5.5	2,457	892	3,349	604
281		Pix3	8.3	3,799	1,401	5,201	630
281		Pix4	12.2	8,123	3,114	11,237	919

## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
285	Complicated Ulcer		6.1	2,639	997	3,636	599
285		Plx1	5.1	2,113	813	2,926	573
285		Plx2	4.8	2,181	865	3,046	640
285		Plx3	9.1	4,169	1,417	5,586	614
285		Plx4	23.4	9,778	3,492	13,270	567
286	Uncomplicated Ulcer		3.5	1,513	590	2,103	600
286		Plx1	3.2	1,326	503	1,829	570
286		Plx2	3.9	1,651	616	2,268	585
286		Plx3	6.8	3,439	1,397	4,836	716
286		Plx4	16.0	6,538	2,912	9,450	591
289	Inflammatory Bowel Disease		5.3	2,079	871	2,950	559
289		Plx1	5.1	1,949	843	2,793	549
289		Plx2	5.6	2,343	879	3,222	574
289		Plx3	8.8	3,836	1,615	5,451	618
289		Plx4	16.1	7,410	2,649	10,059	623
290	G.I. Obstruction		4.3	1,720	694	2,414	564
290		Plx1	4.0	1,576	641	2,217	557
290		Plx2	6.4	2,524	1,000	3,525	555
290		Plx3	10.3	4,464	1,799	6,263	607
290		Plx4	15.0	7,535	2,875	10,410	696
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3.3	1,369	549	1,918	578
294		Plx1	3.2	1,272	512	1,784	563
294		Plx2	5.0	2,139	867	3,006	601
294		Plx3	6.0	2,806	1,060	3,866	648
294		Plx4	14.0	7,161	2,711	9,872	707
297	Other G.I. Diagnoses		3.8	1,789	700	2,489	659
297		Plx1	3.5	1,588	631	2,219	636
297		Plx2	4.9	2,356	893	3,249	664
297		Plx3	9.3	4,827	1,956	6,783	730
297		Plx4	11.0	6,032	2,347	8,379	760



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
310	PWS - Liver Transplant		22.0	38,593	16,027	52,620	2,388	111
310		P1x1	12.6	20,284	9,335	29,618	2,359	27
310		P1x2	11.5	19,837	9,331	29,168	2,536	10
310		P1x3	17.1	25,885	11,450	37,335	2,179	15
310		P1x4	35.4	54,397	23,573	77,971	2,201	63
311	Major Pancreatic Procedures		20.5	15,098	6,743	21,841	1,064	211
311		P1x1	14.6	9,437	4,663	14,100	967	99
311		P1x2	15.3	10,574	5,339	15,913	1,037	29
311		P1x3	21.0	13,765	6,883	20,648	985	27
311		P1x4	39.7	35,804	13,926	49,730	1,252	58
312	Major Hepatobiliary Procedures		10.0	8,826	4,498	13,325	1,332	204
312		P1x1	8.6	7,139	3,845	10,985	1,279	124
312		P1x2	10.7	8,548	4,211	12,759	1,196	27
312		P1x3	9.4	10,379	5,040	15,418	1,647	25
312		P1x4	21.2	23,100	10,390	33,489	1,582	30
313	Common Duct Exploration		9.8	6,457	2,605	9,062	929	73
313		P1x1	8.5	5,079	2,326	7,405	867	37
313		P1x2	8.9	5,898	2,294	8,192	922	17
313		P1x3	6.8	5,053	1,658	6,711	987	5
313		P1x4	12.0	10,808	3,461	14,270	1,189	11
314	Other Hepatobiliary And Pancreatic Procedures		9.3	6,122	2,403	8,524	914	152
314		P1x1	6.9	4,424	1,791	6,215	904	96
314		P1x2	7.9	4,571	1,843	6,414	808	16
314		P1x3	15.1	8,677	3,447	12,125	803	21
314		P1x4	17.5	15,548	5,667	21,215	1,210	17
315	Cholecystectomy		7.4	4,814	1,974	6,788	920	305
315		P1x1	6.6	4,112	1,744	5,856	883	227
315		P1x2	8.2	5,031	2,260	7,292	892	35
315		P1x3	12.1	8,215	3,155	11,370	936	27
315		P1x4	14.4	10,723	3,567	14,290	989	27



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Case	Costed Cases
317	Laparoscopic Cholecystectomy		2.2	1,800	775	2,576	1,147	2,207
317		Pix1	2.1	1,748	749	2,497	1,167	2,086
317		Pix2	5.5	3,282	1,453	4,736	864	137
317		Pix3	8.1	4,562	1,818	6,380	785	31
317		Pix4	13.6	10,554	3,854	14,408	1,057	22
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		11.4	8,352	3,540	11,892	1,042	92
320		Pix1	7.3	4,296	2,096	6,392	877	52
320		Pix2	11.9	7,479	3,051	10,530	884	12
320		Pix3	11.7	8,039	3,546	11,585	990	10
320		Pix4	23.5	22,455	8,506	30,961	1,319	17
323	Cirrhosis And Alcoholic Hepatitis		8.4	4,494	1,626	6,120	728	386
323		Pix1	5.0	2,134	889	3,023	600	106
323		Pix2	7.7	3,252	1,218	4,470	579	91
323		Pix3	9.4	4,214	1,615	5,829	617	75
323		Pix4	12.5	9,137	3,116	12,253	977	117
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		9.2	4,095	1,489	5,584	606	395
324		Pix1	7.2	3,122	1,148	4,269	590	192
324		Pix2	10.1	4,084	1,521	5,605	558	95
324		Pix3	11.5	5,610	1,935	7,546	654	59
324		Pix4	12.3	6,327	2,216	8,544	695	48
325	Pancreas Diseases Except Malignancy		5.4	2,213	840	3,053	588	1,079
325		Pix1	4.4	1,661	662	2,323	529	761
325		Pix2	6.8	2,759	1,029	3,788	556	202
325		Pix3	9.7	4,562	1,709	6,271	648	73
325		Pix4	17.6	13,634	4,645	18,279	1,038	67
326	Liver Diseases Except Cirrhosis Or Cancer		7.3	4,229	1,591	5,820	796	416
326		Pix1	5.4	2,350	924	3,274	608	204
326		Pix2	6.8	3,238	1,270	4,508	665	72
326		Pix3	10.9	4,958	1,940	6,898	630	59
326		Pix4	12.9	13,096	4,791	17,888	1,387	91



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
329	Biliary Tract Diseases		4.1	1,845	720	2,566	621	641	
329		P1x1	3.4	1,507	588	2,096	613	481	
329		P1x2	5.9	2,981	1,194	4,174	705	66	
329		P1x3	7.3	3,308	1,350	4,658	635	71	
329		P1x4	10.1	5,927	2,250	8,177	806	35	
350	Multiple Or Bilateral Joint Replacement		12.8	11,279	3,787	15,066	1,174	41	
350		P1x1	9.2	8,659	2,658	11,317	1,229	19	
350		P1x2	11.9	10,843	3,554	14,397	1,211	9	
350		P1x3	18.0	13,603	5,226	18,829	1,046	10	
350		P1x4	24.2	19,749	6,212	25,962	1,073	5	
351	Joint Replacement For Trauma		11.0	6,595	2,516	9,111	828	747	
351		P1x1	8.9	5,496	2,150	7,646	855	488	
351		P1x2	14.4	8,022	2,950	10,972	763	128	
351		P1x3	18.6	9,894	3,501	13,394	719	76	
351		P1x4	26.6	14,007	5,326	19,333	727	74	
352	Hip Replacement		6.7	6,417	1,883	8,299	1,238	1,949	
352		P1x1	6.5	6,220	1,861	8,081	1,237	1,558	
352		P1x2	7.4	6,972	1,877	8,849	1,193	301	
352		P1x3	9.5	8,469	2,394	10,862	1,141	98	
352		P1x4	13.9	11,272	3,608	14,879	1,068	46	
354	Knee Replacement		6.6	5,843	1,784	7,627	1,153	2,071	
354		P1x1	6.5	5,679	1,759	7,438	1,149	1,714	
354		P1x2	7.2	6,618	1,806	8,425	1,166	256	
354		P1x3	9.4	7,160	2,408	9,567	1,018	104	
354		P1x4	12.0	8,984	3,039	12,024	1,002	37	
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		10.4	6,770	2,889	9,659	931	43	
355		P1x1	7.8	5,013	2,070	7,083	909	24	
355		P1x2	12.6	7,858	3,600	11,459	913	9	
355		P1x3	13.5	16,154	6,113	22,267	1,649	4	
355		P1x4	42.5	33,086	10,126	43,212	1,016	11	



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
356	Repair Hip And Femur Procedures		6.4	5,204	2,277	7,481	1,173
356		Pk1	5.2	4,368	1,967	6,335	1,214
356		Pk2	9.6	6,789	2,863	9,651	1,005
356		Pk3	14.4	9,527	4,059	13,586	944
356		Pk4	30.4	17,247	6,205	23,452	773
358	Lower Extremity Procedures With Infection		7.2	4,464	2,376	6,840	945
358		Pk1	6.1	3,793	2,171	5,965	971
358		Pk2	12.4	6,774	3,068	9,842	797
358		Pk3	13.6	8,987	3,300	12,287	905
358		Pk4	32.8	17,964	6,848	24,812	756
359	Upper Extremity Procedures With Infection		4.8	3,586	1,851	5,437	1,137
359		Pk1	4.3	2,891	1,679	4,570	1,059
359		Pk2	8.0	7,641	2,805	10,446	1,306
359		Pk3	12.8	10,359	3,895	14,254	1,118
359		Pk4	25.0	14,244	4,651	18,895	756
360	Upper Extremity Amputations And Revisions		5.8	4,072	1,748	5,820	1,012
360		Pk1	4.2	2,836	1,214	4,050	955
360		Pk2	11.1	6,060	2,651	8,711	786
360		Pk3	14.8	8,931	4,451	13,382	907
360		Pk4	26.6	19,345	7,268	26,613	1,000
361	Musculoskeletal Biopsy For Malignancy		15.6	12,206	4,592	16,798	1,077
361		Pk1	8.9	5,375	2,030	7,405	835
361		Pk2	24.1	13,383	5,080	18,463	765
361		Pk3	16.4	11,696	4,933	16,629	1,014
361		Pk4	35.7	38,606	14,795	53,401	1,495
362	Musculoskeletal Biopsy Without Malignancy		11.8	7,691	2,989	10,680	907
362		Pk1	7.6	3,996	1,515	5,511	729
362		Pk2	11.4	5,509	2,407	7,916	694
362		Pk3	30.8	16,779	5,416	22,195	721
362		Pk4	26.0	25,514	9,929	35,443	1,363



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Cost per Day	Costed Cases
				Direct Cost	Cost			
363 Back And Neck Procedures With Fusion								
363		Pix1	5.3	6,734	2,148	8,881	1,667	1,045
363		Pix2	4.5	5,696	1,817	7,513	1,676	808
363		Pix3	7.6	9,483	3,002	12,485	1,641	151
363		Pix4	11.1	12,458	3,545	16,004	1,445	55
363		Pix4	20.0	22,113	7,022	29,136	1,458	55
365 Back And Neck Procedures Without Fusion								
365		Pix1	3.0	2,914	1,101	4,015	1,326	1,684
365		Pix2	2.9	2,819	1,074	3,893	1,346	1,561
365		Pix3	6.8	5,147	1,839	6,986	1,034	122
365		Pix4	8.6	6,483	2,167	8,649	1,007	41
365		Pix4	12.9	10,057	3,672	13,729	1,068	14
367 Shoulder Arthroplasty								
367		Pix1	4.0	4,861	1,374	6,235	1,549	81
367		Pix2	3.0	5,094	1,458	6,552	2,184	5
367		Pix3	6.0	6,034	1,324	7,359	1,226	2
367		Pix4	3.5	6,460	1,372	7,832	2,238	2
368 Major Hip And Knee Procedures								
368		Pix1	3.4	3,385	1,516	4,901	1,438	76
368		Pix2	3.2	3,145	1,379	4,524	1,412	64
368		Pix3	4.3	4,369	1,944	6,314	1,478	11
368		Pix4	6.8	6,268	3,299	9,566	1,417	4
368		Pix4	92.0	81,872	32,969	114,841	1,248	1
369 Major Lower Extremity Procedures								
369		Pix1	3.1	3,065	1,234	4,299	1,403	454
369		Pix2	3.0	2,944	1,188	4,133	1,375	433
369		Pix3	4.6	5,650	2,309	7,959	1,747	18
369		Pix4	6.0	6,675	2,711	9,386	1,564	5
369		Pix4	18.5	11,529	4,678	16,207	876	4
372 Major Upper Extremity Procedures								
372		Pix1	2.1	2,579	996	3,575	1,694	255
372		Pix2	1.8	2,387	907	3,295	1,875	231
372		Pix3	10.6	5,639	2,359	7,998	753	8
372		Pix4	7.4	5,167	1,680	6,846	925	5
372		Pix4	89.4	44,140	16,176	60,316	675	5



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
374	Minor Lower Extremity Procedures		1.6	1,964	816	2,779	1,724	743	
374		Plx1	1.6	1,933	804	2,737	1,714	722	
374		Plx2	2.7	3,177	1,276	4,454	1,638	23	
374		Plx3	4.4	2,804	1,217	4,021	914	5	
374		Plx4							
375	Minor Upper Extremity Procedures		1.5	1,651	641	2,293	1,537	746	
375		Plx1	1.5	1,643	638	2,281	1,543	736	
375		Plx2	4.2	3,105	1,214	4,319	1,028	10	
375		Plx3	2.8	2,022	875	2,897	1,035	5	
375		Plx4	2.8	3,769	1,406	5,175	1,882	4	
376	Miscellaneous Musculoskeletal Procedures		3.3	4,772	1,948	6,720	2,064	176	
376		Plx1	2.9	4,148	1,720	5,868	2,005	151	
376		Plx2	5.1	7,032	2,625	9,657	1,906	15	
376		Plx3	7.6	12,258	5,274	17,532	2,307	5	
376		Plx4	8.5	12,241	4,635	16,876	1,985	8	
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		6.9	5,135	2,280	7,415	1,081	387	
377		Plx1	5.3	3,836	1,727	5,562	1,054	287	
377		Plx2	10.8	7,270	3,767	11,037	1,024	58	
377		Plx3	15.0	9,325	4,186	13,512	899	29	
377		Plx4	26.4	23,343	9,023	32,366	1,226	23	
378	Soft Tissue Procedures (MHRH)		2.3	2,452	1,028	3,480	1,515	155	
378		Plx1	2.2	2,399	1,006	3,404	1,530	142	
378		Plx2	3.2	3,020	1,283	4,302	1,359	12	
378		Plx3	15.0	10,164	3,687	13,851	923	3	
378		Plx4	6.3	10,383	3,176	13,559	2,141	3	
379	Other Musculoskeletal Procedures (MHRH)		1.6	1,637	714	2,351	1,437	604	
379		Plx1	1.6	1,611	705	2,316	1,430	592	
379		Plx2	4.7	3,681	1,453	5,135	1,092	20	
379		Plx3	3.2	2,652	1,183	3,836	1,199	5	
379		Plx4	15.0	22,402	6,340	28,741	1,916	5	



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
				Direct Cost	Cost				
380 Other Lower Extremity Procedures (MNRH)									
380		Pk1	1.6	1,519	640		2,159	1,313	431
380		Pk2	2.5	2,569	1,038		3,608	1,443	6
380		Pk3	2.3	2,165	1,220		3,385	1,451	3
380		Pk4							
381 Hand And Wrist Procedures (MNRH)									
381		Pk1	1.0	1,673	591		2,264	2,264	99
381		Pk2	1.0	1,682	592		2,274	2,274	98
381		Pk3	3.8	4,940	1,727		6,667	1,754	5
381		Pk4							
382 Arthroscopy (MNRH)									
382		Pk1	4.7	2,894	1,170		4,065	866	13
382		Pk2	1.5	1,358	542		1,900	1,266	8
382		Pk3	10.5	6,032	2,792		8,824	840	2
382		Pk4							
383 PWS - Joint Replacement For Malignancy									
383		Pk1	11.1	9,123	3,465		12,588	1,137	27
383		Pk2	9.2	7,979	3,127		11,106	1,205	14
383		Pk3	12.8	10,567	3,750		14,317	1,123	8
383		Pk4	11.2	8,934	3,220		12,154	1,085	5
383			32.2	21,488	8,348		29,836	927	5
384 PWS - Back And Neck Procedures For Malignancy									
384		Pk1	19.5	17,752	5,670		23,422	1,199	57
384		Pk2	8.5	8,688	2,801		11,489	1,352	18
384		Pk3	18.9	15,400	4,834		20,234	1,071	10
384		Pk4	16.6	18,963	6,177		25,139	1,517	7
384			29.1	25,569	7,837		33,406	1,150	20
385 PWS - Major Orthopaedic Oncology Procedures									
385		Pk1	5.4	5,974	2,478		8,452	1,564	42
385		Pk2	4.8	4,863	2,243		7,106	1,489	35
385		Pk3	10.8	11,724	2,595		14,319	1,326	5
385		Pk4	8.5	8,411	3,616		12,028	1,415	2
385			21.2	32,905	13,842		46,748	2,209	6



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
386	Other Orthopaedic Oncology Procedures		5.2	4,541	2,067	6,608	1,264
386		Pk1	4.1	3,457	1,642	5,100	1,243
386		Pk2	7.8	6,587	3,025	9,612	1,236
386		Pk3	11.0	9,975	3,980	13,956	1,269
386		Pk4	19.7	10,638	4,095	14,733	749
391	Secondary Neoplasms And Pathological Fractures		12.5	5,438	2,011	7,449	596
391		Pk1	10.2	3,910	1,506	5,416	534
391		Pk2	13.5	5,691	2,033	7,724	573
391		Pk3	19.4	8,232	2,896	11,128	575
391		Pk4	22.4	13,470	4,924	18,394	822
392	Osteomyelitis		7.5	4,080	2,034	6,113	812
392		Pk1	6.6	3,517	1,752	5,269	804
392		Pk2	9.0	4,680	2,478	7,157	795
392		Pk3	9.8	5,616	2,514	8,130	827
392		Pk4	11.2	6,070	3,035	9,105	814
393	Rheumatoid Arthritis		6.9	3,148	1,219	4,367	634
393		Pk1	5.0	2,014	771	2,786	557
393		Pk2	8.7	2,936	1,203	4,139	478
393		Pk3	17.9	6,457	2,436	8,893	497
393		Pk4	29.6	26,914	11,321	38,235	1,291
394	Septic Arthritis		5.7	2,516	1,000	3,517	621
394		Pk1	4.6	1,869	759	2,628	577
394		Pk2	10.8	5,688	2,189	7,877	729
394		Pk3	8.2	3,278	1,267	4,545	557
394		Pk4	21.0	12,145	4,193	16,338	778
397	Non-Inflammatory Arthritis		9.4	3,782	1,415	5,197	553
397		Pk1	7.3	2,730	1,063	3,792	521
397		Pk2	9.9	5,745	1,651	7,395	750
397		Pk3	20.7	7,450	2,941	10,391	503
397		Pk4	51.6	12,564	5,695	18,259	354



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
398	Other Inflammatory Arthritis		5.3	2,511	953	3,464	652	432
398		Pix1	4.1	1,731	650	2,381	583	306
398		Pix2	9.5	3,728	1,412	5,140	540	56
398		Pix3	8.8	4,275	1,788	6,063	689	49
398		Pix4	14.6	11,622	4,000	15,622	1,067	36
399	Orthopaedic Aftercare		5.4	2,603	1,096	3,699	679	203
399		Pix1	4.2	1,814	778	2,591	624	165
399		Pix2	10.8	5,202	2,349	7,551	699	20
399		Pix3	13.4	4,725	2,363	7,088	530	8
399		Pix4	17.9	10,600	3,735	14,335	800	14
401	Other Musculoskeletal Malignancies		5.3	4,770	1,763	6,534	1,231	101
401		Pix1	4.1	3,492	1,307	4,798	1,172	64
401		Pix2	7.9	5,550	2,173	7,723	983	14
401		Pix3	6.1	6,249	2,223	8,471	1,383	16
401		Pix4	15.3	15,768	5,975	21,743	1,418	12
402	Disc Disease		6.6	2,210	837	3,046	463	413
402		Pix1	6.2	2,003	762	2,765	444	372
402		Pix2	12.2	4,261	1,648	5,909	485	34
402		Pix3	21.5	8,058	2,973	11,030	513	12
402		Pix4	21.8	8,337	3,782	12,120	557	8
404	Other Musculoskeletal Infections		2.2	1,194	895	2,089	964	6
404		Pix1	2.2	1,194	895	2,089	964	6
404		Pix2						
404		Pix3						
404		Pix4						
407	Other Musculoskeletal Disorders		3.6	2,286	898	3,183	886	64
407		Pix1	2.8	1,629	628	2,256	807	49
407		Pix2	5.4	3,212	1,362	4,574	840	9
407		Pix3	4.0	4,143	1,285	5,429	1,357	2
407		Pix4	3.0	5,911	1,734	7,644	2,548	3

## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
409	Back Pain (MNRH)		4.5	1,630	594	2,224	490
409		Plx1	4.0	1,431	529	1,960	488
409		Plx2	8.4	2,973	1,042	4,015	478
409		Plx3	11.9	6,445	2,230	8,674	730
409		Plx4	18.4	8,944	2,717	11,661	635
411	Signs, Symptoms And Deformities (MNRH)		4.1	1,739	653	2,393	590
411		Plx1	3.9	1,685	629	2,314	590
411		Plx2	8.1	3,106	1,185	4,291	530
411		Plx3	5.6	2,862	1,053	3,915	696
411		Plx4	18.0	6,848	2,862	9,709	539
413	Joint Derangements (MNRH)		3.5	1,347	564	1,912	551
413		Plx1	2.8	1,265	506	1,772	625
413		Plx2	9.4	2,309	1,212	3,521	373
413		Plx3	1.6	580	172	752	470
413		Plx4					
414	Sprains Strains And Minor Injuries (MNRH)		3.0	1,266	479	1,745	587
414		Plx1	2.9	1,238	469	1,707	585
414		Plx2	4.0	1,742	701	2,443	611
414		Plx3	3.3	1,834	994	2,828	870
414		Plx4					
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		4.6	3,746	1,750	5,497	1,202
425		Plx1	3.6	2,908	1,394	4,302	1,187
425		Plx2	7.9	7,615	3,224	10,839	1,370
425		Plx3	9.4	8,130	3,886	12,016	1,283
425		Plx4	36.1	23,785	12,584	36,368	1,006
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		21.9	10,942	5,248	16,190	739
427		Plx1	16.0	7,395	3,818	11,213	702
427		Plx2	27.0	13,005	6,092	19,097	708
427		Plx3	24.2	11,983	5,700	17,683	731
427		Plx4	66.2	37,064	15,431	52,495	793



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		1.2	1,966	784	2,750	693
428		Pix1	1.1	1,942	774	2,716	681
428		Pix2	5.5	7,784	3,027	10,812	25
428		Pix3	7.2	9,576	3,242	12,818	9
428		Pix4	8.8	11,919	4,733	16,652	5
429	Total Mastectomy For Breast Malignancy		2.4	2,366	902	3,268	685
429		Pix1	2.3	2,245	861	3,106	653
429		Pix2	4.6	5,065	1,692	6,757	26
429		Pix3	10.2	8,647	4,027	12,674	12
429		Pix4	6.0	6,494	2,237	8,730	5
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		1.7	1,981	685	2,666	633
432		Pix1	1.7	1,973	682	2,654	624
432		Pix2	3.2	3,279	1,188	4,467	9
432		Pix3	7.0	3,449	1,365	4,814	4
432		Pix4	20.0	10,708	4,516	15,225	4
434	Breast Biopsy And Local Excision Without Malignancy		1.0	968	352	1,320	30
434		Pix1	1.0	968	352	1,320	30
434		Pix2	1.0	1,074	512	1,586	3
434		Pix3					
434		Pix4					
435	Perianal And Pilonidal Cyst Procedures		1.8	1,077	460	1,537	52
435		Pix1	1.8	1,077	460	1,537	52
435		Pix2					
435		Pix3	1.0	1,481	659	2,140	1
435		Pix4					
436	Plastic Surgery		1.5	2,015	866	2,881	44
436		Pix1	1.5	2,015	866	2,881	44
436		Pix2	2.0	2,264	1,118	3,382	2
436		Pix3					
436		Pix4					

## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		1.4	1,494	551	2,046	1,456
437		Plx1	1.4	1,461	519	1,980	1,444
437		Plx2	2.0	1,755	947	2,703	1,351
437		Plx3	19.0	7,222	3,952	11,174	588
437		Plx4	25.0	49,517	16,357	65,874	2,635
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		5.1	3,076	1,246	4,322	852
438		Plx1	4.4	2,724	1,088	3,812	859
438		Plx2	11.4	6,880	3,008	9,888	864
438		Plx3	6.8	4,917	1,598	6,515	958
438		Plx4	7.4	5,843	2,783	8,626	1,166
439	Skin Ulcer		13.4	4,896	2,094	6,990	521
439		Plx1	11.6	3,775	1,605	5,380	465
439		Plx2	13.2	5,585	2,529	8,114	616
439		Plx3	13.4	4,981	2,046	7,027	526
439		Plx4	26.0	9,635	3,331	12,966	499
440	Major Skin Disorders		6.0	2,449	1,030	3,479	579
440		Plx1	5.3	2,160	938	3,099	589
440		Plx2	8.6	3,061	1,269	4,331	501
440		Plx3	6.8	2,863	1,127	3,991	587
440		Plx4	12.3	8,781	3,201	11,983	972
443	Malignant Breast Disorders		8.4	5,177	1,709	6,886	817
443		Plx1	6.1	3,086	1,078	4,164	686
443		Plx2	6.4	3,286	1,029	4,315	671
443		Plx3	12.8	8,407	3,506	11,913	931
443		Plx4	15.8	10,374	2,441	12,815	811
446	Non-Malignant Breast Disorders		2.8	1,241	511	1,753	621
446		Plx1	2.8	1,241	511	1,753	621
446		Plx2					
446		Plx3	7.0	1,868	900	2,768	395
446		Plx4					



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
447	Cellulitis		5.4	2,109	894	3,003	558	962
447		Pix1	4.6	1,795	780	2,574	556	737
447		Pix2	8.4	3,355	1,397	4,752	565	124
447		Pix3	9.9	3,650	1,514	5,164	523	80
447		Pix4	15.3	6,970	2,568	9,539	623	50
452	Trauma Of Skin, Subcutaneous Tissue And Breast		2.0	1,430	482	1,912	956	70
452		Pix1	2.0	1,442	484	1,926	963	67
452		Pix2	4.0	1,507	799	2,306	576	5
452		Pix3	4.2	2,547	882	3,430	817	5
452		Pix4	7.0	5,603	1,889	7,493	1,070	1
454	Minor Skin Disorders		3.4	1,551	683	2,234	661	155
454		Pix1	3.2	1,325	582	1,906	588	123
454		Pix2	3.3	2,397	1,128	3,525	1,057	18
454		Pix3	3.7	1,955	849	2,805	765	9
454		Pix4	6.4	3,361	1,267	4,628	723	5
476	PWS - Adrenal And Pituitary Procedures		5.2	5,820	2,046	7,866	1,526	180
476		Pix1	4.3	4,938	1,832	6,770	1,563	142
476		Pix2	7.5	9,902	3,420	13,321	1,784	15
476		Pix3	9.1	9,239	2,617	11,856	1,307	14
476		Pix4	16.3	17,188	6,445	23,633	1,450	10
477	Parathyroid Procedures		2.6	2,972	1,038	4,010	1,521	80
477		Pix1	2.4	2,760	954	3,714	1,525	69
477		Pix2	3.4	3,870	1,759	5,629	1,656	5
477		Pix3	8.2	6,401	2,481	8,882	1,083	10
477		Pix4	14.4	10,283	3,026	13,309	924	5
478	Obesity Procedures		2.0	2,078	1,010	3,088	1,525	79
478		Pix1	1.9	2,035	989	3,025	1,584	77
478		Pix2	5.6	2,524	1,485	4,010	716	5
478		Pix3	4.7	3,767	1,865	5,631	1,207	3
478		Pix4	22.0	26,946	12,632	39,579	1,799	2



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
479	Thyroid Procedures		1.8	2,283	895	3,178	1,808
479		P1x1	1.7	2,206	872	3,078	1,803
479		P1x2	2.7	3,315	1,388	4,703	1,733
479		P1x3	3.0	3,833	1,301	5,133	1,689
479		P1x4	11.8	11,136	4,636	15,771	1,333
480	Thyroglossal Procedures		1.0	1,414	540	1,954	1,954
480		P1x1	1.0	1,414	540	1,954	1,954
480		P1x2					
480		P1x3					
480		P1x4					
482	Other Endocrine, Nutrition And Metabolic Procedures		7.0	6,677	2,658	9,335	1,342
482		P1x1	3.5	3,252	1,221	4,473	1,271
482		P1x2	18.6	12,239	5,003	17,242	927
482		P1x3	12.7	11,431	4,807	16,238	1,277
482		P1x4	25.9	27,017	11,731	38,748	1,496
483	Diabetes		4.6	1,997	801	2,798	614
483		P1x1	3.7	1,543	651	2,194	590
483		P1x2	7.0	2,918	1,142	4,060	581
483		P1x3	6.8	2,989	1,168	4,157	612
483		P1x4	12.8	8,200	3,025	11,225	874
485	Nutritional And Miscellaneous Metabolic Disorders		4.7	2,102	793	2,895	621
485		P1x1	3.8	1,598	610	2,208	583
485		P1x2	6.5	2,868	1,107	3,974	610
485		P1x3	7.3	3,308	1,234	4,543	624
485		P1x4	12.2	6,815	2,589	9,404	772
487	Cystic Fibrosis		11.2	6,888	2,718	9,606	859
487		P1x1	10.7	5,877	2,546	8,423	788
487		P1x2	10.2	6,261	2,254	8,515	834
487		P1x3	14.5	10,100	3,520	13,620	941
487		P1x4	16.3	19,914	6,029	25,943	1,588



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
488	Inborn Errors Of Metabolism		4.7	3,256	1,267	4,523	973	80
488		Pix1	3.0	2,290	854	3,144	1,055	51
488		Pix2	8.3	4,373	1,830	6,203	782	20
488		Pix3	9.0	5,523	2,316	7,839	871	7
488		Pix4	9.6	11,161	3,993	15,155	1,579	5
489	Endocrine Disorders		4.3	2,437	848	3,285	773	370
489		Pix1	3.2	1,957	667	2,624	814	268
489		Pix2	5.7	2,927	1,054	3,981	696	65
489		Pix3	8.0	4,326	1,566	5,892	737	18
489		Pix4	16.2	10,494	3,553	14,047	866	18
500	PWS - Kidney Transplant		9.3	11,100	4,015	15,115	1,620	250
500		Pix1	7.2	8,598	3,309	11,908	1,643	105
500		Pix2	8.3	9,677	3,837	13,514	1,627	39
500		Pix3	10.5	11,502	4,521	16,023	1,524	45
500		Pix4	15.5	18,501	5,522	24,023	1,552	63
501	Urinary Diversion And Augmentation		12.2	7,846	3,739	11,585	948	165
501		Pix1	9.5	6,435	3,195	9,629	1,016	94
501		Pix2	12.9	8,362	3,842	12,204	945	33
501		Pix3	16.0	10,426	5,022	15,448	965	19
501		Pix4	36.9	22,393	10,365	32,758	888	26
502	Radical Prostatectomy		5.1	3,429	1,642	5,071	992	651
502		Pix1	5.0	3,371	1,596	4,967	989	576
502		Pix2	5.6	3,731	1,954	5,685	1,023	52
502		Pix3	7.9	4,801	2,282	7,083	895	23
502		Pix4	10.8	5,946	2,820	8,766	815	8
503	Dialysis Procedures		8.1	5,829	2,607	8,437	1,039	198
503		Pix1	3.4	2,425	1,340	3,766	1,103	126
503		Pix2	13.8	8,407	3,830	12,236	884	26
503		Pix3	11.4	6,880	3,278	10,158	895	20
503		Pix4	57.5	35,081	13,770	48,851	849	38

## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
504	Major Urinary Tract Procedures		5.6	4,182	1,912	6,094	1,081
504		P1x1	4.9	3,667	1,700	5,366	1,092
504		P1x2	7.3	5,533	2,475	8,007	1,100
504		P1x3	9.9	6,219	2,707	8,925	898
504		P1x4	15.9	13,668	5,779	19,446	1,221
505	Reconstructive Urological Procedures		6.5	4,193	2,028	6,220	952
505		P1x1	5.8	3,401	1,856	5,057	872
505		P1x2	6.8	4,038	1,768	5,806	854
505		P1x3	8.7	6,941	3,472	10,413	1,201
505		P1x4	11.0	6,444	3,411	9,855	896
506	Open Prostatectomy		2.6	2,273	873	3,147	1,206
506		P1x1	2.0	2,168	782	2,950	1,454
506		P1x2	5.4	2,477	1,196	3,673	680
506		P1x3	13.0	6,098	2,678	8,776	675
506		P1x4	8.0	2,861	1,293	4,154	519
507	Vascular And Other Urinary Procedures		7.8	6,279	2,480	8,759	1,124
507		P1x1	4.3	3,804	1,528	5,332	1,231
507		P1x2	13.8	7,500	3,854	11,354	821
507		P1x3	18.6	10,503	3,963	14,466	779
507		P1x4	34.3	32,971	12,154	45,126	1,316
508	Minor Upper Urinary Tract Procedures		5.4	3,908	1,893	5,602	1,043
508		P1x1	4.5	3,337	1,485	4,822	1,079
508		P1x2	9.3	6,076	2,337	8,413	906
508		P1x3	10.5	6,744	2,765	9,509	904
508		P1x4	20.9	15,999	6,079	22,079	1,057
509	Minor Lower Urinary Tract Procedures		3.0	2,432	1,006	3,439	1,128
509		P1x1	2.8	2,272	920	3,192	1,143
509		P1x2	5.2	3,664	1,889	5,553	1,075
509		P1x3	7.2	4,819	2,102	6,921	961
509		P1x4	5.0	5,071	1,179	6,250	1,250



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
510	Transurethral Prostatectomy	Pix1	2.9	1,680	703	2,383	824	1,036	
510			2.6	1,586	660	2,246	870	964	
510		Pix2	5.7	2,694	1,198	3,892	685	25	
510		Pix3	9.5	3,848	1,571	5,418	568	13	
510		Pix4	18.0	8,443	3,516	11,958	664	6	
512	Other Transurethral Or Biopsy Procedures (MNRH)		1.9	1,439	499	1,938	1,008	1,623	
512		Pix1	1.9	1,416	491	1,907	1,015	1,578	
512		Pix2	4.5	2,554	1,010	3,564	790	37	
512		Pix3	7.8	4,026	1,659	5,685	730	19	
512		Pix4	9.0	5,765	2,017	7,783	865	7	
514	Miscellaneous Urinary Tract Procedures (MNRH)		2.2	3,764	1,493	5,257	2,360	22	
514		Pix1	2.2	3,764	1,493	5,257	2,360	22	
514		Pix2	2.0	2,095	638	2,733	1,367	1	
514		Pix3	4.0	934	486	1,419	355	1	
514		Pix4							
520	Renal Failure With Dialysis		15.0	8,576	3,482	12,058	805	331	
520		Pix1	9.8	4,895	2,093	6,988	715	107	
520		Pix2	11.4	6,141	2,562	8,703	761	71	
520		Pix3	18.3	9,515	4,121	13,635	745	63	
520		Pix4	23.6	15,101	5,612	20,714	879	92	
521	Renal Failure Without Dialysis		7.6	3,446	1,359	4,805	630	551	
521		Pix1	5.5	2,425	1,029	3,455	624	272	
521		Pix2	8.0	3,459	1,377	4,836	603	128	
521		Pix3	10.8	4,763	1,817	6,580	607	102	
521		Pix4	18.6	9,620	3,397	13,017	701	60	
522	Urinary Neoplasm		8.5	3,764	1,470	5,233	617	185	
522		Pix1	5.2	2,193	833	3,026	585	86	
522		Pix2	9.5	4,068	1,660	5,728	602	51	
522		Pix3	13.3	5,642	2,181	7,823	587	31	
522		Pix4	13.3	7,808	2,761	10,569	793	15	

## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
524	Nephrotic Syndrome		5.3	2,928	1,120	4,048	757	78
524		Pix1	3.8	2,060	763	2,823	749	43
524		Pix2	6.6	2,786	1,265	4,051	615	17
524		Pix3	6.0	3,402	1,337	4,739	790	12
524		Pix4	11.6	8,371	2,932	11,304	974	5
525	Nephropathy Without Nephrotic Syndrome		3.5	2,123	794	2,917	833	88
525		Pix1	2.3	1,321	514	1,835	802	52
525		Pix2	3.6	1,522	628	2,149	604	9
525		Pix3	5.2	3,337	1,214	4,550	884	20
525		Pix4	10.7	8,148	2,935	11,083	1,039	9
526	Miscellaneous Nephrological Diagnosis		4.7	2,719	992	3,711	784	30
526		Pix1	3.9	1,964	735	2,699	684	18
526		Pix2	4.6	3,510	1,214	4,724	1,027	5
526		Pix3	6.2	4,019	1,553	5,572	899	5
526		Pix4	10.0	6,962	2,521	9,483	948	2
527	Upper Urinary Tract Infection		4.1	1,723	662	2,386	584	675
527		Pix1	3.8	1,555	607	2,162	573	565
527		Pix2	5.8	2,379	899	3,278	564	43
527		Pix3	5.9	2,677	970	3,647	615	56
527		Pix4	8.5	4,460	1,496	5,956	699	19
529	Lower Urinary Tract Infection		5.2	2,138	864	3,002	582	922
529		Pix1	4.5	1,842	749	2,591	579	650
529		Pix2	6.2	2,489	1,046	3,535	568	153
529		Pix3	6.6	2,972	1,126	4,098	617	83
529		Pix4	13.9	7,413	2,937	10,350	743	40
532	Urinary Retention And Other Functional Disorders Of Bladder		3.4	1,213	509	1,722	513	103
532		Pix1	3.0	1,140	466	1,606	531	89
532		Pix2	6.9	2,147	1,071	3,217	465	12
532		Pix3	5.8	2,034	902	2,936	506	5
532		Pix4	18.2	4,971	2,500	7,471	411	5



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
<b>534 Miscellaneous Urological Diagnoses (MNRH)</b>							
534		Pix1	3.6	1,771	719	2,491	690
534		Pix2	3.3	1,517	603	2,121	642
534		Pix3	4.3	2,899	1,357	4,255	990
534		Pix4	6.9	3,378	1,309	4,687	679
534		Pix4	6.8	3,003	1,383	4,386	645
535	Hematuria (MNRH)		3.1	1,108	482	1,590	507
535		Pix1	2.9	980	432	1,412	493
535		Pix2	4.1	1,531	678	2,209	534
535		Pix3	6.0	2,462	1,003	3,465	578
535		Pix4	11.0	3,807	1,479	5,286	481
536	Urinary Obstruction (MNRH)		2.1	1,098	408	1,505	732
536		Pix1	2.0	1,057	393	1,450	732
536		Pix2	4.2	1,957	750	2,707	649
536		Pix3	5.0	2,510	962	3,472	698
536		Pix4	13.6	4,326	1,972	6,298	463
538	Admission For Dialysis (MNRH)		1.7	1,352	502	1,853	1,081
538		Pix1					
538		Pix2	1.0	825	301	1,126	1,126
538		Pix3	6.0	4,509	1,706	6,215	1,036
538		Pix4					
550	Major Pelvic And Retroperitoneum Procedures		2.3	2,279	1,106	3,385	1,451
550		Pix1	3.0	2,653	1,419	4,072	1,357
550		Pix2					
550		Pix3					
550		Pix4					
551	Penis Procedures		2.6	2,274	939	3,213	1,233
551		Pix1	2.5	2,182	892	3,075	1,253
551		Pix2	4.2	3,099	1,467	4,567	1,087
551		Pix3	6.0	4,994	1,801	6,795	1,133
551		Pix4	18.0	12,392	5,526	17,919	995



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
552	Testes Procedures		1.6	1,319	522	1,842	1,130	146
552		P1x1	1.6	1,314	519	1,833	1,126	145
552		P1x2	10.8	5,012	2,262	7,274	671	6
552		P1x3	14.0	6,386	2,149	8,536	610	2
552		P1x4	12.3	5,317	2,115	7,431	603	3
554	Miscellaneous Male Reproductive System Procedures (MNRH)		1.0	1,014	426	1,440	1,440	102
554		P1x1	1.0	999	421	1,420	1,420	101
554		P1x2	1.3	2,033	718	2,752	2,064	3
554		P1x3	9.0	8,118	2,677	10,795	1,199	3
554		P1x4	38.0	24,315	13,204	37,520	987	1
555	Circumcision (MNRH)		1.0	1,050	386	1,436	1,436	5
555		P1x1	1.0	1,070	390	1,460	1,460	5
555		P1x2	2.0	860	396	1,256	628	1
555		P1x3						
555		P1x4						
560	Malignancy Of Male Reproductive Organ		4.0	2,101	835	2,936	734	5
560		P1x1	4.0	2,101	835	2,936	734	5
560		P1x2						
560		P1x3						
560		P1x4						
561	Male Reproductive System Inflammation		4.6	1,715	686	2,401	527	83
561		P1x1	3.9	1,415	567	1,983	503	72
561		P1x2	9.6	4,030	1,859	5,889	613	5
561		P1x3	5.2	2,394	953	3,347	644	5
561		P1x4	4.0	2,713	758	3,470	868	2
562	Other Male Reproductive System Diagnoses		2.9	1,732	756	2,488	851	13
562		P1x1	2.9	1,732	756	2,488	851	13
562		P1x2	4.5	1,799	1,016	2,815	626	2
562		P1x3						
562		P1x4						



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		1.0	975	379	1,353	9
563		Plx1	1.0	975	379	1,353	9
563		Plx2	1.0	942	732	1,674	1
563		Plx3					
563		Plx4					
575	PWS - Pelvic Exenteration		31.6	23,431	8,066	31,497	5
575		Plx1	28.0	15,322	6,077	21,399	1
575		Plx2	25.0	15,757	6,168	21,925	3
575		Plx3					
575		Plx4	41.5	36,221	11,085	47,306	2
576	PWS - Radical Hysterectomy And Vulvectomy		7.3	5,347	1,805	7,152	112
576		Plx1	6.4	4,839	1,668	6,507	63
576		Plx2	7.5	5,493	1,883	7,376	26
576		Plx3	10.8	7,310	2,416	9,726	23
576		Plx4	10.4	6,931	2,243	9,174	5
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		8.4	5,700	2,029	7,729	129
577		Plx1	5.8	4,033	1,490	5,523	67
577		Plx2	10.8	6,931	2,371	9,302	26
577		Plx3	10.1	7,098	2,381	9,479	25
577		Plx4	22.3	15,459	5,533	20,992	19
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		4.3	3,038	1,134	4,172	238
578		Plx1	3.6	2,600	994	3,593	181
578		Plx2	6.4	4,297	1,519	5,816	28
578		Plx3	7.6	5,817	1,861	7,678	17
578		Plx4	13.1	9,516	3,567	13,083	8
579	Major Uterine And Adnexal Procedures Without Malignancy		3.1	2,226	868	3,094	3,980
579		Plx1	3.1	2,196	862	3,058	3,647
579		Plx2	5.0	3,384	1,241	4,625	294
579		Plx3	6.1	4,240	1,498	5,738	126
579		Plx4	8.3	5,868	2,018	7,886	49



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
581	Reconstructive Gynecological Procedures		3.5	2,322	909	3,231	938
581		Plk1	3.3	2,167	871	3,038	931
581		Plk2	5.3	3,674	1,218	4,892	921
581		Plk3	6.8	4,806	1,648	6,455	950
581		Plk4	9.9	6,223	2,016	8,239	833
582	Other Gynecological Procedures		2.9	1,949	839	2,788	953
582		Plk1	2.7	1,813	771	2,585	954
582		Plk2	8.3	5,348	2,195	7,543	914
582		Plk3	7.0	3,405	1,408	4,813	888
582		Plk4	21.4	11,172	4,473	15,645	731
583	Radio-Implant For Malignancy		2.2	2,737	608	3,345	1,520
583		Plk1	2.2	2,737	608	3,345	1,520
583		Plk2					
583		Plk3	5.3	3,392	1,312	4,704	882
583		Plk4					
584	Vagina, Cervix And Vulva Procedures		2.1	1,693	532	2,224	1,061
584		Plk1	2.0	1,647	521	2,167	1,060
584		Plk2	5.2	3,325	981	4,306	828
584		Plk3	3.5	1,992	722	2,714	776
584		Plk4					
585	Gynecological Laparoscopy (MNRH)		2.1	1,396	512	1,908	910
585		Plk1	2.1	1,396	512	1,908	910
585		Plk2	4.0	966	671	1,637	409
585		Plk3	2.3	1,031	497	1,529	655
585		Plk4	9.0	5,401	1,548	6,949	772
586	Tubal Interruption (MNRH)		1.6	1,597	728	2,325	1,453
586		Plk1	1.6	1,597	728	2,325	1,453
586		Plk2					
586		Plk3					
586		Plk4					



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
587	Miscellaneous Gynecological Procedures (MNRH)		1.3	922	304	1,227	966
587		P1x1	1.3	918	302	1,220	967
587		P1x2	3.8	1,567	692	2,259	595
587		P1x3	10.6	4,663	2,055	6,717	634
587		P1x4	3.0	1,864	774	2,638	879
592	Malignancy Of Female Reproductive Organ		9.4	4,338	1,586	5,925	632
592		P1x1	6.5	3,089	1,144	4,233	650
592		P1x2	11.3	4,777	1,831	6,608	587
592		P1x3	14.8	6,991	2,258	9,249	624
592		P1x4	20.8	9,479	3,678	13,156	633
594	Female Reproductive System Infection		3.2	1,310	446	1,756	543
594		P1x1	3.2	1,288	440	1,728	544
594		P1x2	7.3	2,288	777	3,065	423
594		P1x3	1.0	531	164	694	694
594		P1x4					
595	Other Female Reproductive System Diagnoses And Injuries		2.3	921	332	1,254	542
595		P1x1	2.2	886	322	1,208	540
595		P1x2	4.3	1,759	674	2,433	572
595		P1x3					
595		P1x4					
596	Miscellaneous Gynecological Diagnoses (MNRH)		2.1	1,005	345	1,350	650
596		P1x1	2.0	936	324	1,259	641
596		P1x2	3.3	1,548	524	2,072	631
596		P1x3	4.2	1,840	650	2,491	593
596		P1x4	8.8	4,038	1,494	5,532	629
599	Premature Labour		3.8	2,005	696	2,701	708
599		P1x9	3.8	2,005	696	2,701	708
600	Major Procedures In Pregnancy Or Childbirth		6.9	6,840	2,354	9,194	1,327
600		P1x9	6.9	6,840	2,354	9,194	1,327
601	Repeat Caesarean Delivery With Complicating Diagnosis		3.4	2,400	884	3,285	955

## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
601		Pix9	3.4	2,400	884	3,285	955
602	Caesarean Delivery With Complicating Diagnosis		4.1	2,790	1,011	3,801	926
602		Pix9	4.1	2,790	1,011	3,801	926
603	Repeat Caesarean Delivery		3.0	2,031	809	2,839	952
603		Pix9	3.0	2,031	809	2,839	952
604	Caesarean Delivery		3.5	2,314	873	3,187	912
604		Pix9	3.5	2,314	873	3,187	912
605	Fetal Surgery		2.7	1,565	419	1,984	744
605		Pix9	2.7	1,565	419	1,984	744
606	Vaginal Delivery With Sterilization Procedures		2.3	1,688	778	2,466	1,077
606		Pix9	2.3	1,688	778	2,466	1,077
607	Vaginal Delivery With Minor Procedures		2.4	1,753	683	2,436	1,025
607		Pix9	2.4	1,753	683	2,436	1,025
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		2.2	1,644	542	2,186	991
608		Pix9	2.2	1,644	542	2,186	991
609	Vaginal Delivery With Complicating Diagnosis		2.2	1,544	531	2,076	927
609		Pix9	2.2	1,544	531	2,076	927
610	Vaginal Delivery After Caesarean Delivery (VBAC)		1.8	1,400	489	1,889	1,046
610		Pix9	1.8	1,400	489	1,889	1,046
611	Vaginal Delivery		1.8	1,251	443	1,694	964
611		Pix9	1.8	1,251	443	1,694	964
612	Ectopic Pregnancy With Major Procedures		2.6	1,957	707	2,663	1,026
612		Pix9	2.6	1,957	707	2,663	1,026
613	Ectopic Pregnancy With Minor Procedures		1.5	1,527	515	2,042	1,347
613		Pix9	1.5	1,527	515	2,042	1,347
614	Ectopic Pregnancy		1.0	590	164	754	754
614		Pix9	1.0	590	164	754	754
615	Threatened Abortion		1.6	821	311	1,132	715
615		Pix9	1.6	821	311	1,132	715



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
616	Abortive Outcome With Injection		1.0	2,160	618	2,778	8
616		Pk9	1.0	2,160	618	2,778	8
617	Abortive Outcome With D And C		1.0	653	207	860	902
617		Pk9	1.0	653	207	860	902
618	Abortive Outcome		1.2	605	247	853	152
618		Pk9	1.2	605	247	853	152
619	False Labour LOS < 3 Days (MNRH)		1.0	757	228	985	315
619		Pk9	1.0	757	228	985	315
620	Post-Partum Diagnosis With Procedures Other Than D And C		4.0	2,793	1,047	3,840	971
620		Pk9	4.0	2,793	1,047	3,840	971
621	Post-Partum Diagnosis With D And C		1.3	892	321	1,213	917
621		Pk9	1.3	892	321	1,213	917
622	Post-Partum Diagnosis		2.5	1,068	415	1,483	592
622		Pk9	2.5	1,068	415	1,483	592
623	Antepartum Diagnosis With Complicating Diagnosis		2.3	1,265	415	1,680	733
623		Pk9	2.3	1,265	415	1,680	733
624	Antepartum Diagnosis		1.7	1,039	347	1,386	804
624		Pk9	1.7	1,039	347	1,386	804
625	PWS - Neonates Weight < 750 Grams		34.4	59,311	14,575	73,886	2,150
625		Pk9	34.4	59,311	14,575	73,886	2,150
626	PWS - Neonates Weight 750-999 Grams		34.0	47,933	12,087	60,019	1,765
626		Pk9	34.0	47,933	12,087	60,019	1,765
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		18.8	30,799	7,942	38,741	2,061
627		Pk9	18.8	30,799	7,942	38,741	2,061
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		25.1	22,984	6,467	29,451	1,172
628		Pk9	25.1	22,984	6,467	29,451	1,172
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		19.2	41,491	12,921	54,411	2,834
630		Pk9	19.2	41,491	12,921	54,411	2,834
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		18.5	17,386	4,867	22,253	1,204
631		Pk9	18.5	17,386	4,867	22,253	1,204



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
631	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis	P1x9	18.5	17,386	4,867	22,253	1,204
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis						182
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis	P1x9	13.2	7,956	2,299	10,255	778
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis						341
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis	P1x9	13.2	7,956	2,299	10,255	778
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis						341
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis	P1x9	13.6	13,022	4,294	17,316	1,273
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis						5
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis	P1x9	13.6	13,022	4,294	17,316	1,273
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis						5
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis	P1x9	10.9	11,252	3,388	14,640	1,345
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis						218
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis	P1x9	10.9	11,252	3,388	14,640	1,345
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis						218
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis	P1x9	8.4	6,246	1,817	8,063	956
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis						264
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis	P1x9	8.4	6,246	1,817	8,063	956
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis						264
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis	P1x9	5.8	2,979	904	3,883	669
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis						666
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis	P1x9	5.8	2,979	904	3,883	669
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis						666
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis	P1x9	1.9	638	332	970	507
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis						195
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis	P1x9	1.9	638	332	970	507
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis						195
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis	P1x9	12.8	23,675	8,542	32,217	2,523
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis						35
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis	P1x9	12.8	23,675	8,542	32,217	2,523
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis						35
644	Neonates Weight > 2500 gm With Major Problem Diagnosis	P1x9	6.0	6,873	2,206	9,079	1,509
644	Neonates Weight > 2500 gm With Major Problem Diagnosis						790
644	Neonates Weight > 2500 gm With Major Problem Diagnosis	P1x9	6.0	6,873	2,206	9,079	1,509
644	Neonates Weight > 2500 gm With Major Problem Diagnosis						790
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis	P1x9	3.6	2,624	883	3,507	972
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis						1,655
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis	P1x9	3.6	2,624	883	3,507	972
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis						1,655
646	Neonates Weight > 2500 gm With Caesarian Delivery	P1x9	3.1	965	507	1,472	474
646	Neonates Weight > 2500 gm With Caesarian Delivery						3,803
646	Neonates Weight > 2500 gm With Caesarian Delivery	P1x9	3.1	965	507	1,472	474
646	Neonates Weight > 2500 gm With Caesarian Delivery						3,803
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis	P1x9	2.6	1,343	523	1,866	730
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis						2,293
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis	P1x9	2.6	1,343	523	1,866	730
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis						2,293
648	Neonates Weight > 2500 gm With Normal Newborn	P1x9	1.6	523	267	790	494
648	Neonates Weight > 2500 gm With Normal Newborn						15,715
648	Neonates Weight > 2500 gm With Normal Newborn	P1x9	1.6	523	267	790	494
648	Neonates Weight > 2500 gm With Normal Newborn						15,715
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	P1x1	41.2	53,209	18,823	72,032	1,747
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma						158
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	P1x1	15.4	14,116	5,283	19,399	1,260
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma						5
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	P1x2	23.0	16,767	7,861	24,628	1,071
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma						5
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	P1x3	24.0	20,755	5,952	26,707	1,113
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma						5
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	P1x4	43.4	56,953	20,124	77,077	1,777
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma						143



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS		Average Direct Cost		Average Indirect Cost		Average Cost per Day	Costed Cases
			Average LOS	Average LOS	Average Direct Cost	Average Direct Cost	Average Indirect Cost	Average Indirect Cost		
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		19.2	22,128	6,421	28,549	1,487	5		
651		Plx9	24.0	20,681	8,373	29,054	1,211	5		
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		32.4	32,140	9,500	41,640	1,284	7		
652		Plx9	32.4	32,140	9,500	41,640	1,284	7		
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		15.4	21,951	7,308	29,259	1,898	29		
653		Plx9	15.4	21,951	7,308	29,259	1,898	29		
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		13.3	19,145	6,255	25,400	1,917	16		
654		Plx9	13.3	19,145	6,255	25,400	1,917	16		
655	PWS - Spinal Procedures With Femur Procedures For Trauma		17.5	20,301	7,791	28,092	1,608	15		
655		Plx9	17.5	20,301	7,791	28,092	1,608	15		
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		18.1	23,585	9,181	32,766	1,806	7		
656		Plx9	18.1	23,585	9,181	32,766	1,806	7		
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		16.7	17,240	5,640	22,880	1,369	21		
657		Plx9	16.7	17,240	5,640	22,880	1,369	21		
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		15.2	14,776	5,937	20,713	1,364	140		
658		Plx9	15.2	14,776	5,937	20,713	1,364	140		
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		17.7	19,493	6,954	26,447	1,498	26		
659		Plx9	17.7	19,493	6,954	26,447	1,498	26		
660	PWS - Intracranial Procedures For Trauma		8.6	11,755	3,822	15,577	1,813	293		
660		Plx1	5.2	5,593	1,980	7,574	1,446	143		
660		Plx2	9.5	9,693	3,349	13,042	1,373	40		
660		Plx3	8.4	10,182	3,307	13,489	1,599	23		
660		Plx4	14.5	25,208	7,559	32,767	2,254	86		
661	PWS - Spinal Procedures For Trauma		10.1	10,835	3,661	14,496	1,440	228		
661		Plx1	8.2	7,702	2,746	10,448	1,279	149		
661		Plx2	12.4	13,127	4,450	17,577	1,422	42		
661		Plx3	12.3	14,453	4,482	18,935	1,537	19		
661		Plx4	24.5	33,581	10,246	43,828	1,792	26		
662	Femur Or Pelvic Procedures For Trauma		8.5	5,149	2,113	7,262	851	1,793		
662		Plx1	7.1	4,320	1,833	6,153	866	1,300		



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
662		Plx2	11.1	6,340	2,499	8,839	800	264
662		Plx3	15.9	8,803	3,283	12,086	762	140
662		Plx4	21.3	13,177	5,068	18,245	855	114
663	Thoraco-Abdominal Procedures For Trauma		7.8	7,742	2,964	10,707	1,369	204
663		Plx1	6.4	5,186	2,137	7,323	1,153	105
663		Plx2	8.1	6,926	2,580	9,507	1,175	43
663		Plx3	9.5	9,623	3,491	13,114	1,386	26
663		Plx4	15.8	22,673	8,174	30,847	1,948	36
664	Wound Debridement And Skin Graft For Trauma		6.4	5,275	2,303	7,578	1,191	831
664		Plx1	4.7	3,709	1,702	5,411	1,159	630
664		Plx2	10.2	8,299	3,476	11,775	1,150	128
664		Plx3	14.3	11,457	4,874	16,331	1,145	42
664		Plx4	24.2	25,192	9,382	34,574	1,430	39
665	PWS - Elevated Skull Fractures		5.4	5,575	2,223	7,799	1,457	37
665		Plx1	4.0	3,923	1,688	5,611	1,416	27
665		Plx2	8.3	7,808	3,002	10,810	1,305	7
665		Plx3	9.5	12,411	4,313	16,724	1,760	2
665		Plx4	9.7	14,143	5,155	19,299	1,996	3
666	Major Lower Extremity Procedures For Trauma		3.1	2,564	1,049	3,613	1,158	2,669
666		Plx1	3.0	2,486	1,021	3,507	1,157	2,556
666		Plx2	8.8	6,703	2,501	9,204	1,043	145
666		Plx3	11.3	9,010	3,551	12,561	1,110	48
666		Plx4	15.6	13,688	5,348	19,037	1,220	38
667	Minor Lower Extremity Procedures For Trauma		2.5	1,961	841	2,802	1,117	65
667		Plx1	2.5	1,952	825	2,778	1,111	64
667		Plx2	10.4	7,075	2,812	9,886	951	5
667		Plx3						
667		Plx4						
668	Miscellaneous Musculoskeletal Procedures For Trauma		3.7	3,286	1,482	4,748	1,277	493
668		Plx1	3.2	2,780	1,261	4,041	1,251	443



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct	Cost			
668		Pix2	7.1	6,954	2,666	9,621	1,356	21
668		Pix3	9.5	10,578	3,823	14,401	1,516	12
668		Pix4	10.2	13,703	5,465	19,168	1,879	5
669	Vascular Repair For Trauma		3.1	3,274	1,602	4,876	1,574	51
669		Pix1	2.8	2,933	1,459	4,392	1,552	47
669		Pix2	5.6	5,470	2,507	7,977	1,424	5
669		Pix3	7.0	7,300	2,637	9,937	1,420	2
669		Pix4	16.2	19,046	6,578	25,625	1,582	5
670	Upper Extremity Procedures For Trauma		2.0	1,923	802	2,725	1,341	1,939
670		Pix1	1.8	1,770	745	2,515	1,403	1,787
670		Pix2	5.3	4,112	1,578	5,690	1,071	80
670		Pix3	8.0	7,175	2,000	9,176	1,147	11
670		Pix4	16.3	13,726	5,040	18,766	1,149	9
674	PWS - Intracranial Injuries With Spinal Injuries		7.4	7,798	2,919	10,717	1,458	37
674		Pix3	7.4	7,798	2,919	10,717	1,458	37
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		7.0	11,216	3,139	14,354	2,051	16
675		Pix3	7.0	11,216	3,139	14,354	2,051	16
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		9.3	10,658	3,632	14,290	1,545	44
676		Pix3	9.3	10,658	3,632	14,290	1,545	44
677	Spinal Injuries With Fractures Of Femur		10.6	4,950	1,840	6,790	640	46
677		Pix3	10.6	4,950	1,840	6,790	640	46
678	Spinal Injuries With Thoraco-Abdominal Injuries		8.3	6,490	2,183	8,673	1,042	68
678		Pix3	8.3	6,490	2,183	8,673	1,042	68
679	Fractures Of Femur With Thoraco-Abdominal Injuries		11.8	8,614	3,132	11,746	993	42
679		Pix3	11.8	8,614	3,132	11,746	993	42
680	Femur Or Pelvic Fractures And Dislocations		9.2	3,507	1,426	4,934	533	438
680		Pix1	7.6	2,882	1,177	4,059	538	314
680		Pix2	14.6	4,848	2,058	6,906	472	73
680		Pix3	12.9	5,378	1,999	7,377	571	27
680		Pix4	19.3	9,081	3,365	12,445	646	26



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
681	Frostbite		13.8	7,564	3,031	10,595	771	8
681		Pk1	12.6	6,232	2,657	8,888	705	5
681		Pk2	17.0	9,370	3,194	12,565	739	2
681		Pk3	9.5	7,370	2,958	10,327	1,087	2
681		Pk4						
682	Spinal Injuries		5.0	2,549	955	3,504	704	486
682		Pk1	4.7	2,351	878	3,229	684	423
682		Pk2	6.5	2,948	1,126	4,074	623	46
682		Pk3	12.1	6,204	2,374	8,578	706	14
682		Pk4	17.7	14,012	5,532	19,544	1,104	10
683	Intracranial Injuries		4.4	3,751	1,203	4,954	1,125	439
683		Pk1	3.5	2,533	858	3,391	963	328
683		Pk2	5.6	5,836	1,664	7,501	1,344	43
683		Pk3	8.0	6,562	2,133	8,695	1,091	33
683		Pk4	9.5	11,508	3,555	15,063	1,578	35
684	Fracture Of Humerus		6.3	2,513	1,002	3,514	562	120
684		Pk1	4.1	1,845	719	2,565	622	98
684		Pk2	18.1	6,223	2,668	8,891	492	13
684		Pk3	12.8	4,665	2,041	6,707	523	6
684		Pk4	11.0	5,018	1,249	6,267	570	3
685	Hip And Thigh Injuries		5.9	2,122	856	2,978	502	79
685		Pk1	5.0	1,834	720	2,554	516	65
685		Pk2	7.6	2,398	1,008	3,406	448	5
685		Pk3	13.1	4,358	1,599	5,956	453	7
685		Pk4	19.5	5,634	2,104	7,738	397	4
686	Major Nerve Injuries		3.8	3,277	1,139	4,416	1,162	10
686		Pk1	3.6	3,132	1,114	4,246	1,171	8
686		Pk2	6.0	5,070	1,793	6,863	1,144	3
686		Pk3	5.0	4,328	1,168	5,495	1,099	1
686		Pk4	42.0	18,261	6,251	24,512	584	1



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct	Cost			
687	Thoraco-Abdominal Injuries		5.1	2,922	1,086	4,008	782	724
687		Pix1	4.5	2,501	926	3,426	769	587
687		Pix2	8.1	4,056	1,528	5,585	690	56
687		Pix3	8.6	5,176	1,942	7,118	831	60
687		Pix4	14.1	13,184	4,758	17,942	1,275	29
688	Weight Bearing Injuries		2.8	1,559	607	2,166	782	432
688		Pix1	2.5	1,407	551	1,959	791	401
688		Pix2	12.4	5,229	1,968	7,197	579	19
688		Pix3	4.6	3,072	1,193	4,265	920	11
688		Pix4	23.6	8,802	4,126	12,928	548	5
689	Genito-Urinary Injuries		3.1	1,578	597	2,175	692	98
689		Pix1	2.8	1,291	496	1,787	646	85
689		Pix2	5.2	3,103	1,064	4,168	798	9
689		Pix3	9.0	5,320	2,162	7,482	831	5
689		Pix4	14.0	9,617	2,871	12,488	892	2
690	Crushing Injuries And Contusions		2.9	1,509	522	2,031	711	210
690		Pix1	2.6	1,401	478	1,878	713	194
690		Pix2	7.9	3,560	1,264	4,824	609	12
690		Pix3	12.2	4,326	1,608	5,933	486	5
690		Pix4	8.0	4,006	1,645	5,651	706	5
691	Minor Lower Extremity Fractures		1.4	923	348	1,272	895	16
691		Pix1	1.4	923	348	1,272	895	16
691		Pix2	5.0	1,931	931	2,862	572	1
691		Pix3						
691		Pix4						
692	Wounds		1.6	1,270	506	1,777	1,082	380
692		Pix1	1.6	1,264	504	1,768	1,094	368
692		Pix2	5.9	3,584	1,422	5,006	847	11
692		Pix3	4.8	2,980	1,154	4,133	865	9
692		Pix4	4.4	4,456	1,637	6,093	1,385	5



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
693	Amputations Or Vascular And Other Nerve Injuries		2.3	2,011	759	2,770	1,224
693		Pk1	2.2	2,024	773	2,798	1,267
693		Pk2	6.4	3,072	1,333	4,405	688
693		Pk3	2.0	2,280	618	2,898	1,449
693		Pk4					
694	Facial Injuries		2.1	1,655	742	2,397	1,125
694		Pk1	2.0	1,509	693	2,202	1,127
694		Pk2	6.6	3,427	1,410	4,836	736
694		Pk3	5.2	4,329	1,511	5,840	1,123
694		Pk4	3.5	1,922	498	2,420	691
695	Other Cranial Injuries		1.8	1,313	423	1,736	992
695		Pk1	1.7	1,181	389	1,569	927
695		Pk2	4.3	3,005	937	3,942	923
695		Pk3	3.2	2,651	868	3,519	1,111
695		Pk4	4.8	8,330	2,386	10,716	2,256
696	Upper Extremity Fractures		1.6	1,235	480	1,715	1,099
696		Pk1	1.5	1,214	474	1,688	1,101
696		Pk2	6.5	3,127	1,243	4,370	668
696		Pk3	7.4	3,548	1,378	4,926	666
696		Pk4	23.3	15,948	6,764	22,713	977
700	PWS - Bone Marrow Transplant		28.8	32,206	9,695	41,901	1,455
700		Pk1	19.1	19,065	5,414	24,478	1,281
700		Pk2	26.3	28,557	8,080	36,638	1,394
700		Pk3	21.7	22,763	7,168	29,931	1,380
700		Pk4	30.0	34,164	10,329	44,492	1,482
701	Splenectomy		5.3	4,795	1,972	6,767	1,289
701		Pk1	4.7	4,289	1,784	6,072	1,296
701		Pk2	4.8	3,954	2,157	6,111	1,264
701		Pk3	15.8	11,319	4,671	15,990	1,010
701		Pk4	12.4	12,337	4,130	16,467	1,328



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		4.3	3,314	1,388	4,702	1,095	130	
703		Pix1	3.4	2,722	1,141	3,863	1,140	108	
703		Pix2	6.2	5,945	2,187	8,131	1,315	11	
703		Pix3	7.6	4,686	2,376	7,062	929	5	
703		Pix4	24.7	18,173	7,053	25,226	1,021	7	
704	Red Blood Cell Disorders		5.1	2,670	968	3,638	717	571	
704		Pix1	4.5	2,337	851	3,188	705	370	
704		Pix2	5.3	2,663	968	3,632	681	119	
704		Pix3	7.0	3,790	1,325	5,115	729	62	
704		Pix4	13.0	10,668	4,066	14,734	1,133	28	
709	Coagulation Disorders		3.4	1,900	728	2,629	777	286	
709		Pix1	2.9	1,667	637	2,304	783	208	
709		Pix2	3.5	2,063	831	2,894	816	42	
709		Pix3	7.8	4,407	1,961	6,368	816	26	
709		Pix4	9.9	5,860	2,605	8,464	852	16	
710	Reticuloendothelial And Immunity Disorders		5.0	3,133	1,218	4,351	872	439	
710		Pix1	4.4	2,646	1,059	3,705	836	268	
710		Pix2	7.7	4,098	1,809	5,907	772	52	
710		Pix3	5.0	3,324	1,203	4,527	902	93	
710		Pix4	9.3	7,873	2,920	10,793	1,160	36	
725	Major Leukemia And Lymphoma Procedures		7.4	5,854	2,508	8,363	1,137	249	
725		Pix1	5.5	4,456	2,082	6,538	1,179	191	
725		Pix2	10.4	7,205	3,039	10,244	981	27	
725		Pix3	20.3	12,015	5,062	17,076	841	17	
725		Pix4	31.8	27,760	9,887	37,646	1,184	25	
726	Acute Leukemia Without Major Procedures		13.7	10,616	4,384	15,000	1,096	406	
726		Pix1	4.9	3,845	1,655	5,500	1,119	168	
726		Pix2	13.1	7,831	3,241	11,072	844	34	
726		Pix3	12.1	8,478	3,843	12,321	1,017	52	
726		Pix4	26.9	23,553	9,645	33,199	1,234	144	



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
<b>728 Lymphoma And Chronic Leukemia With Other Procedures</b>								
728		Pix1	11.0	7,377	2,829	10,206	927	203
728		Pix2	6.1	4,136	1,692	5,828	951	126
728		Pix3	16.8	7,784	3,137	10,921	650	26
728		Pix4	16.7	11,438	4,452	15,890	950	18
728		Pix4	29.1	23,312	8,120	31,432	1,079	33
<b>730 Lymphoma And Chronic Leukemia</b>								
730		Pix1	11.7	7,171	2,514	9,685	830	560
730		Pix2	7.2	4,188	1,392	5,580	776	223
730		Pix3	10.3	5,164	1,977	7,142	697	83
730		Pix4	13.9	8,127	2,800	10,927	784	104
730		Pix4	18.4	12,411	4,385	16,796	913	151
<b>733 Major Ill-Defined Neoplasms Procedures</b>								
733		Pix1	11.0	8,401	3,364	11,765	1,074	107
733		Pix2	7.2	5,628	2,399	8,027	1,116	52
733		Pix3	11.2	7,938	3,294	11,232	1,000	22
733		Pix4	16.3	11,577	4,080	15,656	963	16
733		Pix4	30.2	31,181	10,398	41,579	1,376	27
<b>734 Ill-Defined Neoplasms With Other Procedures</b>								
734		Pix1	11.0	7,240	2,900	10,141	923	84
734		Pix2	5.7	4,068	1,655	5,723	1,011	53
734		Pix3	16.1	7,686	2,841	10,527	652	7
734		Pix4	15.6	10,429	4,191	14,620	937	10
734		Pix4	24.1	18,802	7,355	26,157	1,086	11
<b>735 PWS - Radiation Therapy</b>								
735		Pix1	10.0	4,937	1,600	6,538	652	169
735		Pix2	7.9	3,994	1,287	5,281	666	101
735		Pix3	11.9	5,722	1,843	7,566	633	38
735		Pix4	14.9	6,325	2,102	8,427	564	19
735		Pix4	19.9	10,727	3,433	14,160	710	15
<b>736 Chemotherapy</b>								
736		Pix1	3.3	2,636	993	3,629	1,091	984
736		Pix2	3.2	2,527	951	3,478	1,072	888
736		Pix3	3.7	3,437	1,305	4,745	1,279	52
736		Pix4	8.0	5,526	2,020	7,546	946	47
736		Pix4	22.8	14,576	4,562	19,138	841	26



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
737	Other Poorly Differentiated Neoplastic Diagnoses		10.3	4,807	1,683	6,491	628	137
737		Pix1	8.1	3,652	1,318	4,970	615	66
737		Pix2	11.3	5,602	1,890	7,491	663	36
737		Pix3	14.5	5,571	1,990	7,561	521	21
737		Pix4	12.1	7,068	2,413	9,481	781	14
750	Multisystemic Or Unspecified Site Infections With Surgery		12.9	10,434	4,055	14,489	1,127	422
750		Pix1	7.9	4,674	1,947	6,621	838	211
750		Pix2	13.5	8,615	3,522	12,136	897	42
750		Pix3	14.8	9,337	3,910	13,246	898	60
750		Pix4	31.2	35,466	13,019	48,484	1,553	126
751	Septicemia		6.2	3,940	1,503	5,443	881	605
751		Pix1	5.1	2,430	1,015	3,445	672	287
751		Pix2	6.1	3,282	1,334	4,616	759	121
751		Pix3	7.1	4,954	1,787	6,741	946	88
751		Pix4	10.2	9,402	3,354	12,756	1,257	119
756	Post-Operative And Post-Traumatic Infections		5.4	2,353	970	3,322	620	502
756		Pix1	4.8	1,900	820	2,720	565	366
756		Pix2	7.4	3,671	1,413	5,083	686	74
756		Pix3	5.9	2,660	1,145	3,806	641	45
756		Pix4	12.6	9,100	3,485	12,585	999	27
757	Viral Illness		2.9	1,421	580	2,002	693	462
757		Pix1	2.5	1,218	495	1,713	687	352
757		Pix2	3.8	1,660	742	2,402	641	36
757		Pix3	3.2	1,583	683	2,266	701	52
757		Pix4	10.5	9,734	3,440	13,173	1,261	20
761	Fever Of Unknown Origin		3.3	1,732	664	2,396	721	283
761		Pix1	3.1	1,571	615	2,186	701	225
761		Pix2	4.3	2,404	830	3,233	750	32
761		Pix3	5.6	3,125	1,207	4,331	779	25
761		Pix4	10.1	4,987	1,675	6,661	659	9

## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
763	Other Infectious Diagnoses		5.7	3,110	1,170	4,280	754
763		Pk1	4.1	1,947	733	2,680	659
763		Pk2	11.6	6,831	2,954	9,785	844
763		Pk3	7.8	4,020	1,468	5,489	707
763		Pk4	12.0	13,829	5,241	19,070	1,589
764	Depressive Mood Disorders With ECT		37.3	9,650	4,104	13,753	368
764		Pk9	37.3	9,650	4,104	13,753	368
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		25.5	7,241	2,898	10,139	397
765		Pk9	25.5	7,241	2,898	10,139	397
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		18.1	4,589	1,940	6,529	361
766		Pk9	18.1	4,589	1,940	6,529	361
767	Depressive Mood Disorders LOS < 6 Days		3.0	963	397	1,360	459
767		Pk9	3.0	963	397	1,360	459
768	Bipolar Mood Disorders, Manic With ECT		36.8	10,730	4,685	15,415	418
768		Pk9	36.8	10,730	4,685	15,415	418
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		24.7	7,501	3,156	10,658	431
769		Pk9	24.7	7,501	3,156	10,658	431
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		19.9	5,395	2,321	7,716	387
770		Pk9	19.9	5,395	2,321	7,716	387
771	Bipolar Mood Disorders LOS < 6 Days		3.2	979	420	1,399	438
771		Pk9	3.2	979	420	1,399	438
772	Dementia With Or Without Delirium With Axis III Diagnosis		36.3	10,503	4,613	15,116	417
772		Pk9	36.3	10,503	4,613	15,116	417
773	Dementia With Or Without Delirium Without Axis III Diagnosis		30.8	8,199	3,659	11,858	385
773		Pk9	30.8	8,199	3,659	11,858	385
774	Organic Mental Disorders Induced By Drugs		10.1	3,105	1,284	4,389	434
774		Pk9	10.1	3,105	1,284	4,389	434
775	Schizophrenia And Other Psychotic Disorders With ECT		45.7	13,874	6,793	20,667	452
775		Pk9	45.7	13,874	6,793	20,667	452
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		29.7	8,977	3,613	12,590	424



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct		Average Indirect		Average Cost per Day	Costed Cases
				Cost	LOS	Cost	Cost		
776		Pix9	29.7	8,977	3,613	12,590	424	274	
777	Schizophrenia And Other Psychotic Disorders W/ O ECT Or Axis III Diagnosis		23.1	6,312	2,665	8,977	389	1,345	
777		Pix9	23.1	6,312	2,665	8,977	389	1,345	
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		3.3	1,059	434	1,493	451	196	
778		Pix9	3.3	1,059	434	1,493	451	196	
779	Dissociative Disorders		7.0	2,502	919	3,421	487	90	
779		Pix9	7.0	2,502	919	3,421	487	90	
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		8.7	4,028	1,601	5,629	648	142	
780		Pix9	8.7	4,028	1,601	5,629	648	142	
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		4.6	1,665	661	2,326	506	143	
781		Pix9	4.6	1,665	661	2,326	506	143	
783	Psychoactive Substance Dependence		8.6	2,709	1,002	3,711	432	423	
783		Pix9	8.6	2,709	1,002	3,711	432	423	
784	Psychoactive Substance Abuse		5.7	1,690	642	2,332	412	165	
784		Pix9	5.7	1,690	642	2,332	412	165	
785	Developmental Delay		28.7	11,849	4,712	16,561	576	46	
785		Pix9	28.7	11,849	4,712	16,561	576	46	
786	Disruptive Behaviour Disorders		16.4	8,443	3,277	11,720	714	237	
786		Pix9	16.4	8,443	3,277	11,720	714	237	
787	Eating Disorders		32.5	11,466	4,930	16,396	504	161	
787		Pix9	32.5	11,466	4,930	16,396	504	161	
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		27.6	9,090	3,904	12,994	471	342	
788		Pix9	27.6	9,090	3,904	12,994	471	342	
789	Organic Mental Disorders Associated W Physical Disorders W/ O Axis III Diagnosis		18.8	5,575	2,407	7,982	425	289	
789		Pix9	18.8	5,575	2,407	7,982	425	289	
790	Somatoform Disorders		5.5	1,965	739	2,703	496	53	
790		Pix9	5.5	1,965	739	2,703	496	53	
791	Anxiety Disorders (MNRH)		9.8	3,033	1,288	4,321	441	146	
791		Pix9	9.8	3,033	1,288	4,321	441	146	

## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct	Indirect			
792	Adjustment Disorders (MNRH)		8.0	2,380	921	3,301	411	711
792		Pix9	8.0	2,380	921	3,301	411	711
793	Personality Disorders With Axis III Diagnosis (MNRH)		12.7	4,200	1,861	6,062	478	35
793		Pix9	12.7	4,200	1,861	6,062	478	35
794	Personality Disorders Without Axis III Diagnosis (MNRH)		8.6	2,353	1,144	3,496	408	152
794		Pix9	8.6	2,353	1,144	3,496	408	152
795	Sexual Dysfunction And Sexual Disorders (MNRH)		14.4	3,207	1,097	4,304	299	5
795		Pix9	23.2	4,915	1,908	6,823	294	5
796	Specific Developmental Disorders (MNRH)		9.0	4,953	1,959	6,912	768	7
796		Pix9	9.0	4,953	1,959	6,912	768	7
797	Miscellaneous Psychiatric Diagnoses (MNRH)		12.8	5,136	2,027	7,162	559	38
797		Pix9	12.8	5,136	2,027	7,162	559	38
803	Extensive Procedures For Injury Or Complication Of Treatment		11.4	10,317	3,565	13,882	1,223	381
803		Pix1	8.2	7,074	2,525	9,599	1,168	212
803		Pix2	10.7	11,117	3,050	14,167	1,318	59
803		Pix3	13.4	10,793	4,115	14,908	1,110	44
803		Pix4	29.5	30,319	10,996	41,315	1,399	73
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		5.0	4,101	1,597	5,698	1,150	815
804		Pix1	3.3	2,960	1,152	4,112	1,251	615
804		Pix2	8.8	6,227	2,927	9,154	1,038	81
804		Pix3	8.5	6,043	2,308	8,351	983	59
804		Pix4	27.1	19,315	7,302	26,617	982	62
805	MNRH Procedures For Injury Or Complication Of Treatment		2.2	1,843	647	2,490	1,144	102
805		Pix1	2.0	1,576	566	2,142	1,065	96
805		Pix2	4.2	3,401	1,189	4,590	1,093	5
805		Pix3	4.6	2,834	977	3,812	829	5
805		Pix4	8.6	10,667	3,427	14,093	1,639	5
811	Allergic Reaction		1.8	1,254	400	1,655	941	79
811		Pix1	1.7	1,085	358	1,443	850	66
811		Pix2	3.4	2,261	880	3,140	916	7



## Schedule 1 -- Inpatient Cost Results

CMG Code Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Cost per Day	Costed Cases
			LOS	Cost				
811	Pix3	4.3	3,980	1,748	5,728	1,322	9	
811	Pix4	10.8	9,986	3,323	13,309	1,238	4	
813 Drug Reactions								
813	Pix1	2.1	1,193	452	1,645	780	780	
813	Pix2	4.0	2,488	932	3,420	850	78	
813	Pix3	3.4	2,947	980	3,927	1,155	123	
813	Pix4	7.7	7,567	2,560	10,128	1,324	80	
818 Complications Of Treatment								
818	Pix1	3.4	1,868	716	2,584	750	1,019	
818	Pix2	5.4	2,933	1,137	4,070	750	182	
818	Pix3	6.9	3,953	1,443	5,397	779	170	
818	Pix4	14.9	10,590	3,882	14,473	970	113	
823 Minor Injuries And Trauma Diagnosis								
823	Pix1	1.8	1,336	458	1,794	978	212	
823	Pix2	3.9	2,570	799	3,369	864	10	
823	Pix3	2.8	2,815	1,037	3,852	1,387	9	
823	Pix4	6.1	11,396	3,326	14,722	2,427	15	
830 PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures								
830	Pix1	23.3	22,169	8,915	31,084	1,332	6	
830	Pix2	29.5	27,405	12,167	39,572	1,341	4	
830	Pix3	23.4	23,543	9,544	33,087	1,414	5	
830	Pix4	57.4	79,925	31,539	111,464	1,941	19	
831 Extensive Burns Without Burn Procedures								
831	Pix1	1.6	1,848	531	2,379	1,514	7	
831	Pix2	1.5	1,341	371	1,712	1,141	6	
831	Pix3	1.5	3,299	955	4,254	2,836	2	
831	Pix4	8.0	2,873	1,335	4,208	526	1	
832 PWS - Non-Extensive Burns With Skin Graft								
832	Pix1	12.8	10,083	4,394	14,477	1,129	248	
832	Pix2	10.8	7,691	3,419	11,110	1,030	206	
832	Pix3	22.9	16,595	6,872	23,467	1,025	18	



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct	Cost			
832		Plx3	21.7	19,060	9,199	28,259	1,301	7
832		Plx4	43.3	64,180	26,666	90,846	2,100	20
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures							
833		Plx1	12.6	5,896	2,240	8,137	645	21
833		Plx2	11.0	7,053	2,555	9,607	873	2
833		Plx3						
833		Plx4	9.0	17,869	4,591	22,460	2,496	2
834	Non-Extensive Burns Without Burn Procedures							
834		Plx1	4.7	2,585	1,059	3,644	772	131
834		Plx2	7.8	3,378	1,420	4,798	615	5
834		Plx3	4.7	3,476	1,255	4,731	1,014	9
834		Plx4	47.0	24,969	10,714	35,683	759	5
840	Other Admissions With Surgery							
840		Plx1	53.2	23,692	8,477	32,169	604	465
840		Plx2	11.8	5,388	2,165	7,553	642	165
840		Plx3	56.1	15,521	6,443	21,964	392	87
840		Plx4	73.3	25,922	10,449	36,371	496	57
840		Plx4	97.3	54,674	18,051	72,725	747	147
841	Rehabilitation							
841		Plx1	35.9	13,078	4,990	18,068	503	2,992
841		Plx2	29.0	10,332	4,061	14,393	497	1,434
841		Plx3	39.5	14,250	5,393	19,642	498	684
841		Plx4	44.2	15,767	5,861	21,627	489	453
841		Plx4	50.5	20,197	7,384	27,581	546	450
842	Signs And Symptoms							
842		Plx1	6.0	2,221	904	3,125	523	259
842		Plx2	5.3	1,930	788	2,718	517	197
842		Plx3	7.6	2,863	1,133	3,995	527	36
842		Plx4	11.6	3,963	1,692	5,655	489	23
842		Plx4	10.4	5,010	1,711	6,721	646	5
846	Aftercare Following Surgery Or Treatment							
846		Plx1	1.5	941	338	1,279	860	1,862
846		Plx2	1.4	889	313	1,202	879	1,791
846		Plx2	2.7	2,041	789	2,829	1,042	21



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost		
846		Pix3	9.2	4,830	2,147	6,977	756
846		Pix4	10.0	6,835	2,438	9,273	927
847	Other Specified Aftercare		9.8	3,655	1,438	5,094	520
847		Pix1	8.3	3,142	1,210	4,352	527
847		Pix2	12.6	4,362	1,848	6,211	494
847		Pix3	17.4	6,290	2,362	8,652	499
847		Pix4	12.3	5,054	2,115	7,169	585
849	Multiple Or Unspecified Congenital Anomalies		12.0	13,327	4,677	18,004	1,500
849		Pix1	2.8	1,123	710	1,834	655
849		Pix2	1.5	1,592	574	2,166	1,444
849		Pix3	17.0	9,284	3,504	12,789	752
849		Pix4	25.5	33,414	11,573	44,987	1,764
850	Perinatal Conditions Age > 28 Days		22.9	13,455	3,728	17,184	752
850		Pix1	20.2	11,418	3,421	14,839	734
850		Pix2	23.7	14,488	3,571	18,059	763
850		Pix3	35.3	19,569	4,950	24,519	695
850		Pix4	34.6	32,265	8,095	40,360	1,166
851	Other Factors Causing Hospitalization		8.1	2,436	1,237	3,674	451
851		Pix1	6.8	1,924	995	2,919	428
851		Pix2	12.6	4,238	2,252	6,490	515
851		Pix3	16.4	4,564	2,009	6,573	402
851		Pix4	21.2	7,262	3,610	10,873	513
852	Procedures Cancelled (MNRH)		1.0	401	124	526	526
852		Pix1	1.0	392	124	516	516
852		Pix2	1.0	770	162	932	932
852		Pix3	1.0	311	95	406	406
852		Pix4	1.0	450	163	613	613
860	Respiratory Tract Disorders With HIV		9.5	7,221	2,816	10,038	1,057
860		Pix9	9.5	7,221	2,816	10,038	1,057
861	CNS Infection With HIV		8.7	4,239	1,690	5,929	682



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Cost			
861		Plx9	8.7	4,239	1,690	5,929	682	13
862	GI And Hepatobiliary Disorders With HIV		8.7	3,969	1,504	5,472	631	15
862		Plx9	8.7	3,969	1,504	5,472	631	15
863	Ophthalmic Disorders With HIV		19.4	12,444	8,231	20,675	1,066	5
863		Plx9	19.4	12,444	8,231	20,675	1,066	5
864	Blood Infections With HIV		5.4	2,209	1,108	3,317	614	5
864		Plx9	6.4	2,618	1,268	3,886	607	5
865	Lymphoma With HIV		6.8	6,007	1,613	7,620	1,121	5
865		Plx9	6.8	6,007	1,613	7,620	1,121	5
866	Psychosocial Conditions With HIV		9.1	4,247	1,291	5,538	610	14
866		Plx9	9.1	4,247	1,291	5,538	610	14
867	Other Conditions Associated With HIV		9.0	2,681	1,290	3,971	441	7
867		Plx9	9.0	2,681	1,290	3,971	441	7
868	Miscellaneous Conditions With HIV		5.7	3,308	1,241	4,549	800	32
868		Plx9	5.7	3,308	1,241	4,549	800	32
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		38.4	17,401	6,370	23,770	619	14
880		Plx1	26.8	10,386	5,261	15,647	584	5
880		Plx2	24.0	14,756	5,321	20,076	837	5
880		Plx3	34.0	17,810	5,886	23,696	697	4
880		Plx4	48.7	21,728	8,734	30,462	626	9
881	Amputation Of Lower Limb Except Toe		23.5	12,319	5,048	17,367	739	127
881		Plx1	15.3	7,338	3,016	10,354	678	37
881		Plx2	17.7	8,798	3,897	12,694	718	28
881		Plx3	25.0	12,118	5,311	17,429	697	20
881		Plx4		21,982	8,881	30,863	821	43
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		24.3	16,000	5,843	21,842	900	19
882		Plx1	24.6	13,516	4,883	18,399	748	5
882		Plx2	21.8	10,192	4,742	14,934	685	5
882		Plx3	20.0	13,166	5,069	18,235	912	5
882		Plx4	26.7	18,617	7,123	25,741	964	10



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Direct Cost	Average Cost per Day	Costed Cases
				LOS	Cost				
883	Wound Debridement And Grafting Other Than Hand		17.5	7,849	3,325	11,174	637	110	
883		Pix1	11.6	4,526	1,885	6,411	551	30	
883		Pix2	14.5	6,747	2,789	9,536	659	40	
883		Pix3	27.0	9,786	5,210	14,996	556	23	
883		Pix4	34.0	17,582	6,951	24,533	723	20	
884	Other Amputations Including Toe		10.4	5,021	1,983	7,004	675	21	
884		Pix1	8.8	3,508	1,581	5,089	582	12	
884		Pix2	10.6	5,130	2,210	7,340	682	5	
884		Pix3	20.5	8,622	3,371	11,993	585	6	
884		Pix4	57.2	35,591	17,857	53,448	934	5	
885	PWS - Aortic Replacement		11.0	10,819	3,543	14,362	1,302	151	
885		Pix1	7.0	6,315	2,175	8,491	1,222	40	
885		Pix2	9.9	7,480	2,386	9,866	994	28	
885		Pix3	13.0	9,810	3,435	13,245	1,019	26	
885		Pix4	14.6	17,762	5,644	23,406	1,608	54	
887	Vascular Bypass Surgery		8.8	7,409	2,640	10,049	1,147	135	
887		Pix1	5.8	4,080	1,602	5,682	983	72	
887		Pix2	12.6	8,046	2,903	10,949	871	21	
887		Pix3	14.2	9,633	3,269	12,903	911	25	
887		Pix4	16.5	17,849	6,141	23,989	1,456	25	
890	Other Thoraco-Abdominal Procedures		10.2	8,599	3,225	11,824	1,163	59	
890		Pix1	5.6	4,164	1,527	5,691	1,011	27	
890		Pix2	4.7	3,881	1,518	5,399	1,145	7	
890		Pix3	18.1	11,761	4,479	16,240	897	9	
890		Pix4	15.1	18,259	6,976	25,235	1,674	13	
891	Vascular Repair		8.3	7,407	2,201	9,608	1,155	138	
891		Pix1	6.7	5,811	1,850	7,660	1,135	79	
891		Pix2	9.7	7,066	2,079	9,145	947	23	
891		Pix3	9.2	9,316	2,622	11,938	1,305	20	
891		Pix4	20.5	19,028	5,846	24,874	1,215	19	



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost per Day	Costed Cases
892	Other Vascular Procedures		4.6	4,625	1,417	6,042	1,309
892		Pix1	3.2	3,876	1,262	5,138	1,588
892		Pix2	6.4	5,831	1,733	7,564	1,187
892		Pix3	12.2	8,803	3,163	11,966	981
892		Pix4	4.3	5,330	1,532	6,862	1,615
893	Vein Ligation And Stripping (MNRH)		1.0	899	512	1,412	1,412
893		Pix1	1.0	899	512	1,412	1,412
893		Pix2	2.0	1,041	580	1,621	810
893		Pix3					
893		Pix4					
895	Deep Vein Thrombophlebitis		6.7	2,779	1,031	3,810	565
895		Pix1	5.9	2,314	882	3,197	546
895		Pix2	6.7	2,999	1,015	4,014	597
895		Pix3	10.6	4,492	1,741	6,234	587
895		Pix4	17.0	8,792	3,168	11,960	704
898	Peripheral Vascular Disease		5.0	2,466	897	3,363	672
898		Pix1	4.4	2,095	759	2,854	655
898		Pix2	5.9	3,119	1,088	4,207	707
898		Pix3	11.8	4,628	1,763	6,391	541
898		Pix4	13.7	8,750	3,046	11,796	859
900	Extensive Unrelated O.R. Procedures		19.8	15,687	5,784	21,471	1,084
900		Pix1	8.5	6,385	2,697	9,082	1,063
900		Pix2	15.4	11,518	4,501	16,018	1,043
900		Pix3	22.5	18,229	5,850	21,079	938
900		Pix4	33.1	29,792	10,465	40,257	1,216
901	Non-Extensive Unrelated O.R. Procedures		14.0	9,939	3,858	13,796	986
901		Pix1	6.3	4,630	1,842	6,473	1,029
901		Pix2	17.4	9,152	3,977	13,128	754
901		Pix3	20.4	9,949	4,350	14,299	701
901		Pix4	34.6	31,567	11,695	43,262	1,249



## Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average		Average Indirect Cost	Average Cost per Day	Costed Cases
				Direct Cost	Indirect Cost			
902	Post-Operative Complications With Unrelated O.R. Procedures		6.5	6,595	2,303	8,898	1,359	93
902		Pix1	3.0	3,120	1,046	4,166	1,411	62
902		Pix2	7.3	6,690	2,430	9,120	1,244	9
902		Pix3	13.4	7,821	3,542	11,363	850	8
902		Pix4	18.9	21,167	7,192	28,359	1,504	14
906	Unrelated O.R. Procedures (MNRH)		9.5	4,852	1,992	6,844	720	111
906		Pix1	6.7	3,384	1,419	4,803	717	74
906		Pix2	11.0	5,607	2,303	7,910	719	18
906		Pix3	17.6	7,360	3,358	10,717	608	11
906		Pix4	24.8	16,810	6,006	22,816	922	8
908	Other Major Procedures For Gynecological Malignancy		5.7	4,104	1,378	5,481	959	7
908		Pix1	4.2	3,394	1,163	4,557	1,085	5
908		Pix2	5.0	3,860	1,423	5,283	1,057	2
908		Pix3	24.0	27,535	8,461	35,996	1,500	1
908		Pix4						
909	Obsolete Psychiatric Diagnoses (MNRH)		9.0	2,355	970	3,325	371	291
909		Pix9	9.0	2,355	970	3,325	371	291
910	Diagnosis Not Generally Hospitalized		1.3	1,695	850	2,545	1,907	302
910		Pix9	1.3	1,695	850	2,545	1,907	302
912	Obstetric Codes Invalid As Most Responsible Diagnosis		2.0	1,143	592	1,736	868	5
912		Pix9	2.0	1,483	658	2,141	1,071	5
997	Stillbirths		1.0	1,266	345	1,611	1,611	5
997		Pix9	1.0	2,337	669	3,006	3,006	5
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		3.2	2,114	713	2,827	877	9
998		Pix9	3.2	2,114	713	2,827	877	9
999	Ungroupable Data		1.7	1,207	425	1,632	948	18
999		Pix9	1.7	1,207	425	1,632	948	18



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
001	PWS - Craniotomy Procedures		907	962	1,869	13,051	11,692	12,351	7.9	7.9	7.9
001		Pix1	619	716	1,335	10,164	9,477	9,796	6.0	6.6	6.3
001		Pix2	122	97	219	13,425	12,394	12,969	9.4	9.0	9.2
001		Pix3	71	68	139	17,136	17,445	17,287	11.8	12.5	12.1
001		Pix4	127	106	233	36,384	37,375	36,835	23.1	22.4	22.8
003	PWS - Spinal Procedures		124	134	258	9,366	7,852	8,580	6.5	5.2	5.8
003		Pix1	92	113	205	7,814	6,898	7,309	4.7	4.6	4.6
003		Pix2	18	13	31	14,587	11,072	13,113	12.2	8.1	10.5
003		Pix3	6	6	12	12,623	16,875	14,749	11.0	12.8	11.9
003		Pix4	7	6	13	25,039	27,632	26,236	24.4	18.7	21.8
004	PWS - Extracranial Vascular Procedures		239	128	367	5,797	6,036	5,881	4.0	4.0	4.0
004		Pix1	182	106	288	5,119	5,515	5,265	3.0	3.4	3.2
004		Pix2	19	8	27	6,857	8,050	7,211	6.2	6.4	6.3
004		Pix3	19	14	33	9,306	13,783	11,205	8.3	11.5	9.7
004		Pix4	15	4	19	13,567	30,593	17,152	12.5	17.0	13.5
005	PWS - Ventricular Shunt Revision		111	108	219	5,143	4,684	4,917	2.4	2.6	2.5
005		Pix1	100	102	202	4,669	4,610	4,639	2.1	2.5	2.3
005		Pix2	6	2	8	8,221	9,940	8,651	4.5	11.0	6.1
005		Pix3	2	2	5	9,021	5,060	6,747	4.5	4.0	4.3
005		Pix4	1	1	5	36,178	3,564	10,742	13.0	3.0	8.0
006	Carpal Tunnel Release And Specified Nervous System Procedures		69	44	113	4,721	4,484	4,629	3.1	2.9	3.0
006		Pix1	61	42	103	4,556	4,345	4,470	2.6	2.5	2.6
006		Pix2	3		5	4,848		4,153	4.0		4.0
006		Pix3	1	1	5	2,835	25,268	13,111	6.0	30.0	18.0
006		Pix4	4	7	6	7,617	67,502	27,579	8.8	32.5	16.7
007	Peripheral, Cranial Nerve And Other Neurological Procedures		72		131	8,989	7,956	8,524	7.4	7.5	7.5
007		Pix1	52	43	95	4,889	6,222	5,492	3.3	4.7	3.9
007		Pix2	8	8	16	9,470	8,162	8,816	15.8	11.1	13.4
007		Pix3	4	1	5	14,846	5,961	13,069	13.0	4.0	11.2
007		Pix4	9	8	17	36,551	45,795	40,901	32.3	49.0	40.2



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
010	Neoplasm Of Nervous System		196	235	431	5,762	5,375	5,551	7.7	7.0	7.3
010		Pix1	124	149	273	4,556	4,422	4,483	5.9	5.8	5.8
010		Pix2	32	43	75	7,367	6,363	6,792	9.3	8.3	8.8
010		Pix3	22	32	54	6,192	6,581	6,423	7.8	8.3	8.1
010		Pix4	15	9	24	11,156	11,192	11,169	15.9	14.2	15.3
011	Degenerative Nervous Disorders		159	114	273	7,712	8,937	8,223	14.1	13.3	13.7
011		Pix1	111	86	197	6,862	6,521	6,713	13.9	11.6	12.9
011		Pix2	22	15	37	9,236	10,349	9,687	17.8	14.8	16.6
011		Pix3	18	11	29	5,915	13,866	8,930	13.2	19.7	15.7
011		Pix4	10	3	13	24,348	59,088	32,365	26.8	51.3	32.5
012	Multiple Sclerosis And Cerebellar Disorders		82	78	160	4,531	4,930	4,725	6.9	7.8	7.4
012		Pix1	65	67	132	3,244	4,172	3,715	5.2	6.6	5.9
012		Pix2	8	5	13	10,223	9,633	9,996	17.1	13.4	15.7
012		Pix3	6	4	10	12,312	10,551	11,608	33.8	14.8	26.2
012		Pix4	5		5	14,044		14,044	15.8		15.8
Specific Cerebrovascular Disorders Except Transient Ischemic											
013	Attacks		1,357	1,208	2,565	7,033	6,642	6,849	9.8	9.0	9.4
013		Pix1	759	835	1,594	4,756	4,859	4,810	6.8	6.8	6.8
013		Pix2	226	148	374	9,078	8,842	8,985	13.0	13.6	13.2
013		Pix3	229	151	380	9,635	10,139	9,835	14.7	13.1	14.1
013		Pix4	167	79	246	17,257	20,775	18,387	22.1	23.4	22.5
014	Transient Ischemic Attacks And Precerebral Occlusions		389	371	760	3,651	3,536	3,595	4.9	4.8	4.8
014		Pix1	300	316	616	2,963	3,108	3,037	4.1	4.4	4.3
014		Pix2	43	34	77	5,319	6,512	5,846	7.4	9.2	8.2
014		Pix3	31	25	56	5,398	7,440	6,309	7.1	9.9	8.4
014		Pix4	21	6	27	14,639	17,042	15,173	20.0	12.7	18.4
015	Nonspecific Cerebrovascular Disorders		38	52	90	7,980	7,779	7,863	7.8	7.6	7.7
015		Pix1	25	40	65	5,286	4,998	5,109	5.9	6.7	6.4
015		Pix2	4	7	11	5,838	12,451	10,046	10.5	12.9	12.0
015		Pix3	5	4	9	5,963	18,262	11,429	8.8	17.8	12.8
015		Pix4	6	3	9	35,219	30,998	33,812	26.3	14.7	22.4



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	
017	Cranial And Peripheral Nerve Diseases		152	163	315		4,821	4,217	4,508		7.2	6.9	7.1	
017		Pix1	120	131	251		3,621	3,544	3,581		5.4	5.6	5.5	
017		Pix2	15	20	35		8,042	5,701	6,704		11.4	10.2	10.7	
017		Pix3	7	8	15		8,754	9,062	8,918		16.6	16.3	16.4	
017		Pix4	12	3	15		25,427	17,692	23,880		28.8	30.7	29.1	
018	Viral Meningitis		71	59	130		1,932	1,950	1,940		2.9	3.3	3.0	
018		Pix1	65	53	118		1,940	1,933	1,937		2.9	3.3	3.1	
018		Pix2	4	2	6		5,393	4,052	4,946		9.5	5.5	8.2	
018		Pix3	5	6	11		2,734	3,115	2,941		4.2	4.2	4.2	
018		Pix4	2		5		4,651		3,045		5.0		5.0	
019	Infection Except Viral Meningitis		131	101	232		7,843	7,387	7,645		9.3	8.9	9.1	
019		Pix1	79	75	154		5,830	5,795	5,813		7.9	7.6	7.8	
019		Pix2	14	9	23		10,619	9,470	10,170		11.9	12.8	12.3	
019		Pix3	22	7	29		9,709	7,075	9,073		13.0	9.4	12.1	
019		Pix4	21	11	32		15,976	24,628	18,950		14.3	17.9	15.6	
020	Hypertensive Encephalopathy		3	5	8		8,335	6,592	7,246		8.0	7.4	7.6	
020		Pix1	2	4	6		7,544	5,169	5,961		6.5	6.0	6.2	
020		Pix2			1				4,585					
020		Pix3		1	2			12,280	11,520		13.0	13.0	13.0	
020		Pix4	1		1		9,918		9,918		11.0		11.0	
021	Non-Traumatic Stupor And Coma		64	41	105		4,372	3,177	3,905		5.6	4.9	5.3	
021		Pix1	37	31	68		3,389	3,003	3,213		4.6	4.4	4.5	
021		Pix2	13	7	20		7,621	3,806	6,286		10.8	7.1	9.5	
021		Pix3	13	2	15		5,922	3,084	5,543		8.1	4.0	7.5	
021		Pix4	4	2	6		4,726	8,602	6,018		6.0	16.0	9.3	
022	Seizure And Headache		968	806	1,774		2,387	2,686	2,523		3.0	3.3	3.2	
022		Pix1	803	656	1,459		2,001	2,280	2,126		2.5	2.8	2.7	
022		Pix2	60	51	111		3,022	2,990	3,007		3.9	4.0	3.9	
022		Pix3	59	47	106		3,698	4,573	4,086		4.8	4.9	4.9	
022		Pix4	22	15	37		8,420	16,954	11,880		7.3	13.1	9.7	



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	
028	Other Nervous System Diagnoses		210	177	387		4,669	3,963	4,346		4.9	4.9	4.9	
028		Plx1	149	137	286		3,132	3,039	3,088		3.9	4.2	4.1	
028		Plx2	23	16	39		4,000	3,858	3,942		5.7	5.7	5.7	
028		Plx3	14	12	26		9,204	7,303	8,327		8.7	6.8	7.8	
028		Plx4	24	11	35		13,465	18,767	15,132		9.2	12.1	10.1	
040	Tracheostomy And Gastrostomy Procedures		207	214	421		62,213	60,126	61,152		47.3	44.6	45.9	
040		Plx1	38	53	91		19,448	17,867	18,528		25.5	22.2	23.6	
040		Plx2	7	9	16		28,779	33,149	31,237		41.9	35.2	38.1	
040		Plx3	19	22	41		21,933	31,312	26,966		31.2	35.1	33.3	
040		Plx4	144	134	278		81,005	87,034	83,911		56.3	59.1	57.6	
050	Orbital Procedures		48	25	73		2,001	1,900	1,966		1.0	1.0	1.0	
050		Plx1	48	25	73		2,001	1,900	1,966		1.0	1.0	1.0	
050		Plx2	2	3	5		3,006	3,094	3,059		2.5	2.0	2.2	
050		Plx3	1	5	5		4,159	4,547	4,547		3.0		3.0	
050		Plx4												
051	Other Intraocular Procedures		48	26	74		2,675	2,806	2,721		2.5	2.5	2.5	
051		Plx1	45	26	71		2,689	2,806	2,719		2.6	2.5	2.5	
051		Plx2	2		4		2,445		3,601		1.5		1.5	
051		Plx3	1		2		3,404		3,453		3.0		3.0	
051		Plx4												
052	Retinal Procedures		326	317	643		1,991	2,311	2,149		1.0	1.0	1.0	
052		Plx1	324	316	640		1,990	2,311	2,149		1.0	1.0	1.0	
052		Plx2	2	1	5		2,607	2,210	2,263		1.5	1.0	1.3	
052		Plx3	1	1	5		2,129	22,297	6,723		1.0	15.0	8.0	
052		Plx4			3				3,813					
053	Iris And Lens Procedures		5	4	9		1,697	2,362	1,992		2.2	1.8	2.0	
053		Plx1	5	3	8		1,697	2,494	1,996		2.2	1.7	2.0	
053		Plx2												
053		Plx3	1	1	1			1,966	1,966			2.0	2.0	
053		Plx4												



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
054	Extraocular Procedures		10	18	28	2,020	2,151	2,104	1.5	1.5	1.5
054		Pix1	10	17	27	2,020	2,083	2,059	1.5	1.4	1.4
054		Pix2		1	2		3,310	2,622		3.0	3.0
054		Pix3									
054		Pix4	2	2	2		24,460	24,460		36.0	36.0
055	Lens Insertion (MNRH)		41	37	78	2,623	2,489	2,560	1.0	1.0	1.0
055		Pix1	40	36	76	2,633	2,466	2,554	1.0	1.0	1.0
055		Pix2	2		4	3,316		3,870	1.5		1.5
055		Pix3		1	2		3,325	5,206		1.0	1.0
055		Pix4	1		1	6,620		6,620	2.0		2.0
057	Other Ophthalmic Procedures (MNRH)		42	39	81	1,298	1,490	1,390	1.0	1.0	1.0
057		Pix1	41	39	80	1,267	1,490	1,376	1.0	1.0	1.0
057		Pix2	1	1	5	4,291	1,624	2,941	2.0	2.0	2.0
057		Pix3	1		1	6,785		6,785	2.0		2.0
057		Pix4	1	1	2	2,543	26,170	14,356	1.0	18.0	9.5
060	Major Eye Infections		34	42	76	1,975	2,433	2,228	3.4	4.4	3.9
060		Pix1	31	41	72	1,979	2,368	2,200	3.5	4.4	4.0
060		Pix2	1	1	3	1,521	5,113	3,590	2.0	6.0	4.0
060		Pix3	3		5	3,733		8,605	8.0		8.0
060		Pix4									
062	Hyphema		5	2	7	1,857	820	1,561	4.2	1.5	3.4
062		Pix1	4	2	6	1,466	820	1,250	4.0	1.5	3.2
062		Pix2									
062		Pix3	1		2	3,425		3,247	5.0		5.0
062		Pix4									
063	Other Ophthalmic Diagnoses (MNRH)		66	49	115	2,744	2,702	2,726	2.9	3.5	3.2
063		Pix1	61	46	107	2,240	2,645	2,414	2.7	3.3	3.0
063		Pix2	3	3	6	8,027	6,007	7,017	11.0	10.0	10.5
063		Pix3	2		5	1,835		5,009	4.0		4.0
063		Pix4	2	1	5	27,194	2,576	14,538	12.5	4.0	9.7



## Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
075	PWS - Radical Laryngectomy And Glossectomy		18	32	50	25,957	28,631	27,668	17.4	20.9	19.6
075		P1x1	7	24	31	19,591	23,134	22,334	10.6	16.8	15.4
075		P1x2	4		5	24,355		24,419	14.8		14.8
075		P1x3	3	1	5	29,049	41,528	33,633	20.3	16.0	19.3
075		P1x4	4	4	8	70,744	49,653	60,199	52.3	32.5	42.4
076	PWS - Major Head And Neck Procedures		133	93	226	19,901	18,234	19,215	12.2	11.1	11.7
076		P1x1	88	62	150	13,395	13,725	13,531	8.3	8.7	8.5
076		P1x2	12	12	24	28,956	21,486	25,221	18.8	15.1	16.9
076		P1x3	14	8	22	27,661	21,375	25,375	17.0	15.6	16.5
076		P1x4	16	11	27	38,929	37,818	38,476	20.8	17.0	19.3
077	Less Extensive Head And Neck Procedures		175	172	347	2,225	2,132	2,179	1.5	1.5	1.5
077		P1x1	169	170	339	2,197	2,097	2,147	1.5	1.5	1.5
077		P1x2	8	1	9	7,682	5,341	7,422	4.0	3.0	3.9
077		P1x3	1	3	5	2,960	12,829	9,871	2.0	7.7	6.3
077		P1x4	4	2	6	29,335	29,181	29,284	16.3	18.5	17.0
078	Cleft Lip And Palate Repair		98	86	184	3,071	2,728	2,911	1.7	1.6	1.6
078		P1x1	123	107	230	3,372	3,190	3,287	2.0	1.9	1.9
078		P1x2	1	6	7	3,741	4,168	4,107	2.0	2.7	2.6
078		P1x3	1		5	6,546		6,033	2.0		2.0
078		P1x4									
081	Salivary Gland Procedures		68	67	135	2,948	3,094	3,020	1.5	1.6	1.6
081		P1x1	66	63	129	2,873	3,011	2,940	1.4	1.6	1.5
081		P1x2	2	2	5	5,417	4,384	5,302	2.5	2.0	2.3
081		P1x3		3	5		5,529	5,286		5.7	5.7
081		P1x4	1		1	14,322		14,322	14.0		14.0
082	Minor Ear, Nose And Throat Procedures		9	18	27	1,631	1,802	1,745	1.4	1.4	1.4
082		P1x1	6	13	19	1,149	1,213	1,193	1.0	1.0	1.0
082		P1x2	1	1	3	3,183	1,266	2,122	2.0	3.0	2.5
082		P1x3									
082		P1x4	1		1	35,420		35,420	10.0		10.0

## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
083	Reconstructive ENT Procedures		231	156	387	4,683	4,632	4,663	2.6	2.5	2.6
083		Pix1	223	151	374	4,609	4,496	4,563	2.6	2.4	2.5
083		Pix2	8	3	11	6,962	7,373	7,074	4.5	5.0	4.6
083		Pix3		2	3		10,830	9,686		6.0	6.0
083		Pix4	1		1	6,612		6,612	3.0		3.0
084	Miscellaneous Ear, Nose And Throat Procedures		55	48	103	2,094	2,301	2,191	1.3	1.4	1.3
084		Pix1	54	47	101	2,040	2,320	2,170	1.3	1.4	1.3
084		Pix2	1	2	5	12,216	5,680	8,194	6.0	5.0	5.3
084		Pix3	1		1	4,980		4,980	3.0		3.0
084		Pix4	1	2	5	24,790	38,686	33,958	11.0	11.5	11.3
085	Mastoid Procedures		84	64	148	10,760	11,391	11,033	1.5	1.6	1.6
085		Pix1	81	64	145	10,799	11,391	11,060	1.5	1.6	1.6
085		Pix2	3		5	9,721		7,113	2.0		2.0
085		Pix3									
085		Pix4	1		1	29,719		29,719	31.0		31.0
086	Other Tonsillar Procedures		32	24	56	3,051	2,950	3,008	3.3	2.7	3.0
086		Pix1	27	20	47	2,221	2,595	2,380	2.9	2.8	2.8
086		Pix2	3	4	7	3,229	4,721	4,082	3.0	2.3	2.6
086		Pix3	1		2	10,699		7,012	9.0		9.0
086		Pix4									
087	Sinus Procedures		38	40	78	1,597	1,694	1,647	1.0	1.0	1.0
087		Pix1	38	40	78	1,597	1,694	1,647	1.0	1.0	1.0
087		Pix2	1		5	2,271		3,072	2.0		2.0
087		Pix3	1		5	24,510		15,281	19.0		19.0
087		Pix4	2		5	21,057		17,863	25.0		25.0
088	Ethmoidectomy (MNRH)		27	36	63	1,575	1,457	1,508	1.0	1.0	1.0
088		Pix1	26	36	62	1,589	1,457	1,513	1.0	1.0	1.0
088		Pix2			2			2,420			
088		Pix3	2		4	2,708		2,849	1.5		1.5
088		Pix4									



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
089	Dental Extraction Or Restoration (MNRH)		49	60	109	1,948	2,000	1,977	1.3	1.5	1.4
089		Pix1	46	58	104	1,956	1,954	1,955	1.3	1.5	1.4
089		Pix2	3	1	5	1,822	2,299	1,973	1.0	2.0	1.3
089		Pix3		2	5		7,651	5,856		7.0	7.0
089		Pix4									
090	External And Middle Ear Procedures (MNRH)		16	17	33	2,033	2,029	2,031	1.0	1.0	1.0
090		Pix1	16	17	33	2,033	2,029	2,031	1.0	1.0	1.0
090		Pix2			1			1,921			
090		Pix3									
090		Pix4									
091	Nasal Procedures (MNRH)		33	53	86	1,582	1,422	1,483	1.0	1.0	1.0
091		Pix1	33	52	85	1,582	1,411	1,478	1.0	1.0	1.0
091		Pix2		2	2		1,908	1,908		1.5	1.5
091		Pix3									
091		Pix4									
092	Myringotomy (MNRH)		9	4	13	5,265	2,055	4,277	4.9	1.5	3.8
092		Pix1	4	4	8	2,504	2,055	2,279	2.0	1.5	1.8
092		Pix2	1		4	2,832		4,127	3.0		3.0
092		Pix3	2		3	5,725		3,876	5.5		5.5
092		Pix4									
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		199	103	302	1,801	1,267	1,619	1.0	1.0	1.0
093		Pix1	195	103	298	1,792	1,267	1,611	1.0	1.0	1.0
093		Pix2	5	1	6	2,445	5,062	2,881	1.6	2.0	1.7
093		Pix3	1	1	3	2,305	6,790	6,643	2.0	4.0	3.0
093		Pix4	3	1	5	8,508	18,002	14,175	4.3	23.0	9.0
100	ENT Malignancy		25	19	44	4,592	4,297	4,465	5.9	4.5	5.3
100		Pix1	16	12	28	2,390	3,324	2,791	2.6	3.0	2.8
100		Pix2	6	2	8	9,054	4,283	7,861	13.0	4.5	10.9
100		Pix3	3	3	6	7,412	8,598	8,005	9.3	11.7	10.5
100		Pix4	1	3	5	63,951	13,664	22,350	59.0	14.3	25.5

## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
101	Acute Suppurative Infections		34	16	50	3,043	2,354	2,822	4.5	3.0	4.0
101		Pix1	31	14	45	2,849	2,267	2,668	4.4	2.9	3.9
101		Pix2		1	3		1,997	2,273		2.0	2.0
101		Pix3	2	1	4	6,665	3,917	4,780	7.0	5.0	6.3
101		Pix4	1	1	4	1,799	5,116	9,738	3.0	14.0	8.5
102	Dysequilibrium		157	113	270	1,818	1,947	1,872	3.5	3.8	3.6
102		Pix1	148	110	258	1,782	1,872	1,820	3.4	3.7	3.5
102		Pix2	12	2	14	4,586	3,951	4,496	9.6	6.5	9.1
102		Pix3	2	1	5	1,453	6,248	2,648	3.5	5.0	4.0
102		Pix4			2			1,971			
104	Influenza		205	173	378	1,981	2,283	2,119	2.7	3.5	3.0
104		Pix1	170	147	317	1,665	2,144	1,887	2.5	3.3	2.9
104		Pix2	16	21	37	1,456	3,631	2,691	2.9	5.0	4.1
104		Pix3	11	6	17	2,814	2,207	2,600	3.4	4.7	3.8
104		Pix4	9	2	11	8,844	9,474	8,959	5.4	15.0	7.2
107	Epiglottitis		22	19	41	2,229	3,481	2,809	2.0	3.1	2.5
107		Pix1	21	17	38	2,211	3,065	2,593	2.0	2.7	2.3
107		Pix2	1		2	2,604		2,705	3.0		3.0
107		Pix3									
107		Pix4			1			14,214			
108	Epistaxis		115	77	192	1,569	1,803	1,663	2.7	3.2	2.9
108		Pix1	104	75	179	1,379	1,761	1,539	2.6	3.2	2.8
108		Pix2	9	1	10	4,928	5,121	4,947	6.8	13.0	7.4
108		Pix3	5	2	7	3,707	3,381	3,614	3.6	5.5	4.1
108		Pix4	2		3	8,081		6,130	7.0		7.0
109	Other ENT Infections		114	55	169	2,147	2,025	2,107	3.5	3.3	3.4
109		Pix1	93	47	140	1,796	1,822	1,805	3.2	3.1	3.2
109		Pix2	12	6	18	3,748	3,607	3,701	4.7	4.8	4.7
109		Pix3	6	2	8	1,941	2,053	1,969	3.3	2.5	3.1
109		Pix4	5		5	9,755		9,755	11.8		11.8



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
113 Sinusitis (MNRH)		25	30	55	2,097	1,838	1,955	3.2	2.7	2.9
113	Pix1	22	25	47	2,013	1,787	1,893	3.1	2.7	2.9
113	Pix2	3	2	5	2,713	2,522	2,636	3.7	3.0	3.4
113	Pix3	1	3	5	4,866	3,775	4,262	13.0	6.0	7.8
113	Pix4		1	3	2,226	2,303		3.0	3.0	
114 Sore Throat (MNRH)		173	118	291	1,515	1,641	1,566	2.4	2.4	2.4
114	Pix1	160	107	267	1,431	1,384	1,412	2.4	2.3	2.3
114	Pix2	8	5	13	3,099	3,640	3,307	3.8	3.0	3.5
114	Pix3	5	5	10	1,665	2,507	2,086	3.2	3.4	3.3
114	Pix4	1	1	4	5,493	14,776	10,478	12.0	7.0	9.5
115 Miscellaneous ENT Diagnoses (MNRH)		98	78	176	1,618	1,767	1,684	1.7	1.9	1.8
115	Pix1	53	37	90	1,266	1,157	1,221	1.0	1.0	1.0
115	Pix2	11	14	25	3,084	5,478	4,425	4.3	5.9	5.2
115	Pix3	8	7	15	4,907	5,205	5,046	5.6	5.4	5.5
115	Pix4	3	6	9	11,818	16,244	14,769	12.3	10.8	11.3
116 Croup (MNRH)		90	84	174	1,464	1,122	1,299	1.5	1.6	1.5
116	Pix1	85	83	168	1,466	1,107	1,288	1.4	1.6	1.5
116	Pix2	1	1	5	605	2,335	1,916	1.0	2.0	1.5
116	Pix3	4		4	2,123		2,123	3.5		3.5
116	Pix4	1		1	2,204		2,204	2.0		2.0
125 Tracheostomy		88	70	158	92,205	84,287	88,697	46.8	46.6	46.7
125	Pix1	8	3	11	15,455	15,140	15,369	12.6	19.0	14.4
125	Pix2		4	4		55,404	55,404		40.8	40.8
125	Pix3	3	4	7	14,958	30,572	23,880	8.7	28.3	19.9
125	Pix4	76	59	135	96,356	93,403	95,065	50.5	49.6	50.1
126 PWS - Resection Of Lung		135	160	295	11,576	9,720	10,570	8.6	8.7	8.7
126	Pix1	88	113	201	9,084	8,666	8,849	7.6	7.5	7.6
126	Pix2	24	21	45	11,174	9,747	10,508	9.8	9.4	9.6
126	Pix3	11	18	29	10,892	12,490	11,884	9.1	11.8	10.8
126	Pix4	15	10	25	32,063	41,335	35,772	17.7	24.6	20.4

## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases		Average Cost		Average LOS of Costed Cases	
			2000/2001	1999/2000	2000/2001	1999/2000	2000/2001	1999/2000
127	Major Respiratory Procedures		427	354	781	9,775	9,693	9,738
127		P1x1	254	240	494	6,142	6,632	6,380
127		P1x2	63	41	104	9,379	10,228	9,714
127		P1x3	49	28	77	10,446	15,568	12,308
127		P1x4	60	46	106	36,916	38,259	37,498
128	Minor Respiratory Procedures		48	49	97	6,894	6,061	6,474
128		P1x1	35	42	77	4,607	4,445	4,519
128		P1x2	6	2	8	4,808	7,877	5,575
128		P1x3	2	2	5	14,749	17,999	14,155
128		P1x4	5	1	6	44,981	26,940	41,974
129	Other Respiratory Procedures		176	225	401	2,869	2,654	2,748
129		P1x1	154	205	359	2,560	2,493	2,522
129		P1x2	8	12	20	5,818	4,089	4,781
129		P1x3	9	9	9	7,302		7,302
129		P1x4	11	6	17	22,853	18,062	21,162
135	Tuberculosis		49	51	100	10,124	10,121	10,123
135		P1x1	33	38	71	9,781	9,405	9,580
135		P1x2	6	10	16	8,922	10,072	9,640
135		P1x3	6	1	7	10,223	9,378	10,102
135		P1x4	4	2	6	14,613	24,348	17,858
136	Respiratory Failure		163	113	276	12,721	13,863	13,189
136		P1x1	49	44	93	6,385	7,796	7,052
136		P1x2	26	21	47	8,285	8,605	8,428
136		P1x3	30	12	42	9,990	12,494	10,705
136		P1x4	62	34	96	24,170	27,408	25,317
137	Respiratory Infections And Inflammations		363	287	650	7,331	9,163	8,140
137		P1x1	167	148	315	4,617	5,362	4,967
137		P1x2	64	40	104	6,699	6,682	6,692
137		P1x3	60	46	106	8,161	10,275	9,078
137		P1x4	75	58	133	15,824	24,280	19,512



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plk Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
138	Respiratory Neoplasms		396	335	731	6,755	6,578	6,674	10.0	9.1	9.6
138		P1x1	155	170	325	4,476	5,388	4,953	6.7	8.0	7.4
138		P1x2	115	93	208	6,802	7,021	6,900	11.5	10.4	11.0
138		P1x3	74	49	123	8,066	7,832	7,973	12.4	10.6	11.7
138		P1x4	54	24	78	12,779	11,310	12,327	14.1	10.0	12.8
139	Interstitial Disease		109	88	197	6,677	7,347	6,976	8.9	8.1	8.6
139		P1x1	52	53	105	4,716	3,459	4,082	6.2	6.1	6.1
139		P1x2	19	12	31	6,401	6,816	6,561	10.5	8.3	9.6
139		P1x3	31	10	41	8,477	8,110	8,387	11.4	10.3	11.1
139		P1x4	9	12	21	19,184	24,095	21,990	20.3	14.0	16.7
140	Chronic Obstructive Pulmonary Disease (COPD)		183	175	358	4,155	3,703	3,934	7.5	6.7	7.1
140		P1x1	102	118	220	3,338	3,008	3,161	6.4	6.1	6.2
140		P1x2	47	34	81	4,134	4,036	4,093	8.2	7.8	8.0
140		P1x3	28	18	46	6,711	5,819	6,362	12.2	9.4	11.1
140		P1x4	15	5	20	15,989	10,424	14,598	25.0	7.2	20.6
141	Pulmonary Edema		63	44	107	9,022	7,686	8,473	6.9	5.5	6.3
141		P1x1	26	21	47	3,580	3,487	3,538	4.8	3.1	4.0
141		P1x2	16	9	25	4,038	6,402	4,889	5.9	8.0	6.7
141		P1x3	7	5	12	6,449	3,516	5,227	8.6	2.8	6.2
141		P1x4	15	10	25	27,540	31,369	29,072	12.7	15.7	13.9
142	Chronic Bronchitis		1,069	801	1,870	3,828	4,123	3,954	6.7	7.3	6.9
142		P1x1	644	532	1,176	2,747	3,240	2,970	5.6	6.4	6.0
142		P1x2	256	170	426	3,965	4,583	4,211	7.7	8.5	8.1
142		P1x3	111	66	177	6,356	6,656	6,468	9.7	9.3	9.5
142		P1x4	78	39	117	13,739	17,109	14,862	14.3	16.3	14.9
143	Simple Pneumonia And Pleurisy		2,530	1,904	4,434	3,668	4,078	3,844	5.6	6.1	5.8
143		P1x1	1,741	1,332	3,073	2,657	3,026	2,817	4.7	5.1	4.9
143		P1x2	392	288	680	4,116	4,931	4,461	7.0	7.9	7.4
143		P1x3	233	165	398	6,282	6,163	6,233	9.0	8.5	8.8
143		P1x4	210	142	352	13,695	19,428	16,008	13.5	15.4	14.3



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
144	Pneumothorax		131	92	223	3,104	3,067	3,089	4.4	4.2	4.3
144		Plx1	113	87	200	2,681	2,825	2,744	4.0	3.9	4.0
144		Plx2	11	4	15	5,017	6,425	5,392	5.7	11.8	7.3
144		Plx3	6	2	8	11,402	14,876	12,270	13.2	14.0	13.4
144		Plx4	4	2	6	11,621	19,249	14,163	12.8	15.5	13.7
145	Tracheobronchitis		967	463	1,430	2,687	2,387	2,590	3.4	2.8	3.2
145		Plx1	839	411	1,250	2,488	2,159	2,380	3.3	2.6	3.1
145		Plx2	88	30	118	4,017	5,532	4,403	4.6	5.9	4.9
145		Plx3	52	34	86	5,131	5,775	5,385	5.9	5.3	5.7
145		Plx4	34	13	47	32,251	33,319	32,546	14.5	16.1	14.9
146	Asthma		1,176	932	2,108	1,937	1,931	1,934	2.8	2.8	2.8
146		Plx1	1,036	842	1,878	1,721	1,790	1,751	2.6	2.7	2.7
146		Plx2	116	65	181	2,858	3,726	3,170	4.5	5.2	4.7
146		Plx3	30	34	64	4,186	4,137	4,160	5.0	5.2	5.1
146		Plx4	8	4	12	26,092	19,401	23,862	13.6	17.0	14.8
147	Other Respiratory Diagnoses		415	350	765	3,381	3,723	3,537	4.0	4.1	4.1
147		Plx1	279	264	543	2,625	2,604	2,615	3.3	3.3	3.3
147		Plx2	76	38	114	3,726	3,724	3,725	5.0	4.8	5.0
147		Plx3	44	25	69	5,600	6,277	5,845	6.6	6.3	6.5
147		Plx4	25	22	47	16,877	21,244	18,921	12.6	12.8	12.7
175	PWS - Heart Or Lung Transplant		51	41	92	63,747	73,537	68,110	26.5	31.0	28.5
175		Plx1	6	5	11	44,549	35,307	40,348	19.0	14.4	16.9
175		Plx2	9	8	17	47,511	38,089	43,077	16.0	14.4	15.2
175		Plx3	8	5	13	47,072	65,553	54,180	19.9	28.8	23.3
175		Plx4	34	24	58	105,714	110,725	107,787	49.6	53.6	51.3
PWS - Cardiac Valve Replacement With Heart Pump With Cardiac											
176	Cath		65	44	109	31,826	42,282	36,047	22.6	29.4	25.3
176		Plx1	8	7	15	26,201	27,904	26,996	17.4	22.6	19.8
176		Plx2	31	6	37	26,024	33,181	27,185	18.5	27.7	20.0
176		Plx3	13	14	27	35,345	31,916	33,567	28.2	28.7	28.5
176		Plx4	13	16	29	45,602	58,139	52,519	29.7	32.3	31.1



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath											
177	Cath		432	381	813	21,882	21,643	21,770	9.8	10.2	10.0
177		Pix1	149	182	331	16,830	16,411	16,600	7.0	7.4	7.2
177		Pix2	121	67	188	18,600	20,163	19,157	8.3	9.5	8.7
177		Pix3	88	60	148	23,980	23,865	23,934	12.0	12.6	12.2
177		Pix4	79	70	149	43,946	41,952	43,009	20.5	18.9	19.7
PWS - Coronary Bypass With Heart Pump With Cardiac Cath											
178		Pix1	313	302	615	25,971	25,814	25,894	18.9	19.0	19.0
178		Pix2	30	54	84	19,940	20,205	20,110	14.9	15.5	15.3
178		Pix3	136	142	278	21,800	22,422	22,118	17.1	18.5	17.8
178		Pix4	78	50	128	24,506	25,986	25,084	19.1	20.6	19.7
178			75	59	134	41,876	42,291	42,058	26.7	24.8	25.8
PWS - Coronary Bypass With Heart Pump Without Cardiac Cath											
179		Pix1	1,287	1,188	2,475	14,808	15,202	14,997	8.1	8.9	8.5
179		Pix2	414	417	831	12,484	12,589	12,537	6.1	6.9	6.5
179		Pix3	554	500	1,054	13,874	14,129	13,995	8.0	8.6	8.3
179		Pix4	227	160	387	17,658	17,685	17,669	10.2	11.3	10.7
179			104	112	216	31,403	32,969	32,215	16.6	16.9	16.8
PWS - Other Cardio-Thoracic Procedures With Heart Pump With											
181	Cardiac Cath		22	17	39	42,394	72,719	55,612	17.9	29.4	22.9
181		Pix1	3	1	5	15,897	18,016	15,195	14.0	17.0	14.8
181		Pix2	6	3	9	30,044	23,697	27,928	19.5	18.3	19.1
181		Pix3	5	1	6	35,434	46,132	37,217	14.6	37.0	18.3
181		Pix4	8	12	20	65,942	91,748	81,426	20.3	32.6	27.7
PWS - Other Cardio-Thoracic Procedures With Heart Pump Without											
182	Cardiac Cath		209	211	420	17,268	19,001	18,139	7.4	8.8	8.1
182		Pix1	86	119	205	13,368	14,082	13,782	5.6	6.8	6.3
182		Pix2	62	37	99	15,914	18,298	16,805	7.0	9.0	7.8
182		Pix3	24	20	44	18,624	22,378	20,330	8.0	10.2	9.0
182		Pix4	39	36	75	41,385	48,506	44,803	16.1	18.6	17.3
PWS - Major Cardio-Thoracic Procedures Without Heart Pump With											
183	Cardiac Cath		67	47	114	18,794	19,674	19,157	11.1	13.9	12.2
183		Pix1	7	12	19	10,470	13,616	12,457	8.7	10.9	10.1



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
183		Pix2	15	12	27	16,137	22,205	18,834	13.3	15.0	14.0
183		Pix3	14	7	21	11,826	9,520	11,057	6.6	5.0	6.1
183		Pix4	31	17	48	26,304	29,971	27,602	13.3	21.0	16.0
<b>PWS - Major Cardio-Thoracic Procedures Without Heart Pump</b>											
184	Without Cardiac Cath		94	99	193	17,555	13,291	15,368	9.7	8.5	9.1
184		Pix1	27	34	61	10,429	10,376	10,399	8.3	8.2	8.2
184		Pix2	20	25	45	15,053	11,017	12,811	7.8	7.0	7.3
184		Pix3	19	16	35	15,183	11,816	13,644	10.1	7.5	8.9
184		Pix4	31	28	59	30,936	24,466	27,866	14.9	15.0	14.9
<b>185 Permanent Pacemaker Implant For Specified Cardiac Conditions</b>											
185		Pix1	139	123	262	32,158	35,708	33,825	13.0	13.2	13.1
185		Pix2	48	53	101	29,372	31,840	30,667	7.5	8.4	8.0
185		Pix3	38	35	73	32,329	33,462	32,872	13.3	12.5	12.9
185		Pix4	30	15	45	35,519	39,785	36,941	17.4	17.1	17.3
185		Pix4	23	21	44	33,305	46,602	39,651	18.3	25.9	21.9
<b>186 Permanent Pacemaker Implant Without Specified Cardiac Conditions</b>											
186		Pix1	465	443	908	16,838	16,841	16,839	5.4	5.7	5.5
186		Pix2	333	336	669	15,377	15,482	15,430	3.5	4.1	3.8
186		Pix3	80	73	153	20,054	21,500	20,744	10.2	10.5	10.4
186		Pix4	48	27	75	21,794	23,359	22,357	14.3	13.1	13.8
186		Pix4	22	16	38	28,537	32,846	30,351	15.0	22.1	18.0
<b>PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions</b>											
188			846	803	1,649	9,710	10,587	10,137	4.8	4.9	4.8
188		Pix1	594	662	1,256	9,003	10,061	9,561	4.0	4.3	4.2
188		Pix2	164	93	257	10,398	11,682	10,863	5.4	6.4	5.8
188		Pix3	62	27	89	12,799	14,344	13,268	8.9	8.4	8.8
188		Pix4	40	24	64	19,819	22,105	20,676	14.8	15.1	14.9
<b>PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions</b>											
189			1,156	1,174	2,330	7,258	8,292	7,779	2.5	2.5	2.5
189		Pix1	373	438	811	6,213	7,207	6,750	1.0	1.0	1.0
189		Pix2	634	617	1,251	7,758	8,881	8,312	3.2	3.3	3.3
189		Pix3	69	32	101	10,929	15,935	12,515	6.9	11.6	8.4
189		Pix4	17	7	24	22,686	18,264	21,396	16.5	14.6	16.0



## Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
191	Temporary Cardiac Pacemaker		41	46	87	8,451	7,607	8,005	7.9	6.3	7.1
191		Pix1	14	17	31	5,310	5,904	5,635	5.8	6.0	5.9
191		Pix2	3	7	10	3,057	7,643	6,267	3.3	4.1	3.9
191		Pix3	7	9	16	6,258	7,130	6,749	6.9	6.0	6.4
191		Pix4	16	12	28	12,935	9,275	11,366	10.0	6.9	8.7
193	Cardiac Pacemaker Device Replacement Or Revision		85	62	147	9,490	8,474	9,056	2.0	1.9	2.0
193		Pix1	77	57	134	8,949	8,526	8,769	1.9	1.9	1.9
193		Pix2	7	6	13	17,857	13,771	15,971	8.1	9.0	8.5
193		Pix3	5	4	9	14,285	7,401	11,226	4.4	7.0	5.6
193		Pix4	1		2	17,932		12,843	12.0		12.0
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		172	218	390	4,347	4,936	4,677	2.0	1.7	1.8
194		Pix1	134	192	326	3,637	4,684	4,254	1.3	1.4	1.4
194		Pix2	19	17	36	6,001	7,985	6,938	4.6	4.6	4.6
194		Pix3	7	5	12	9,478	8,410	9,033	6.3	4.2	5.4
194		Pix4	9	5	14	27,722	26,107	27,145	10.7	13.2	11.6
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		43	24	67	5,881	9,756	7,269	4.0	6.7	4.9
200		Pix1	7	10	17	2,884	4,695	3,949	1.9	3.0	2.5
200		Pix2	13	2	15	6,817	13,221	7,671	4.8	10.5	5.5
200		Pix3	12	4	16	5,601	7,421	6,056	4.4	3.5	4.2
200		Pix4	11	8	19	10,291	21,123	14,852	5.5	13.1	8.7
201	AMI With Cardiac Cath With Congestive Heart Failure		40	30	70	10,060	10,779	10,368	11.5	11.6	11.5
201		Pix1	25	19	44	8,953	8,096	8,583	11.4	11.0	11.2
201		Pix2	7	3	10	9,865	11,518	10,361	13.3	7.0	11.4
201		Pix3	5	4	9	8,680	9,151	8,889	8.2	10.3	9.1
201		Pix4	3	4	7	22,046	24,599	23,505	14.0	19.3	17.0
202	AMI With Cardiac Cath With Ventricular Tachycardia		10	5	15	9,246	14,275	10,922	11.7	10.2	11.2
202		Pix1	7	2	9	5,455	6,270	5,636	8.9	10.5	9.2
202		Pix2			1		9,566	9,576		8.0	8.0
202		Pix3	2		4	7,447		7,494		16.5	16.5
202		Pix4	1	2	3	39,380	24,634	29,549	22.0	11.0	14.7



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
203	AMI With Cardiac Cath With Angina		20	16	36	5,367	7,360	6,253	8.7	8.6	8.6
203		P1x1	14	14	28	5,345	6,219	5,782	8.1	8.0	8.1
203		P1x2	5		5	5,447		5,447	10.6		10.6
203		P1x3	1	1	4	5,277	10,787	8,303	6.0	4.0	5.0
203		P1x4		2	2		22,563	22,563		27.5	27.5
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		138	141	279	6,460	7,484	6,978	8.1	8.0	8.1
204		P1x1	119	127	246	5,959	6,763	6,374	7.9	7.8	7.8
204		P1x2	8	6	14	7,943	10,519	9,047	9.3	10.5	9.8
204		P1x3	4	3	7	5,818	5,331	5,866	7.8	5.0	6.6
204		P1x4	7	5	12	13,654	23,071	17,578	10.6	13.6	11.8
205	AMI Without Cardiac Cath With Congestive Heart Failure		203	118	321	7,068	7,780	7,330	10.4	9.8	10.2
205		P1x1	112	73	185	5,633	6,300	5,896	8.8	8.4	8.7
205		P1x2	39	13	52	7,957	9,855	8,432	11.1	11.2	11.1
205		P1x3	30	17	47	9,373	9,931	9,575	14.5	12.2	13.7
205		P1x4	23	15	38	11,959	12,922	12,339	14.5	14.8	14.6
206	AMI Without Cardiac Cath With Ventricular Tachycardia		40	22	62	4,455	6,401	5,146	5.6	6.7	6.0
206		P1x1	28	14	42	3,808	5,894	4,503	4.8	6.1	5.2
206		P1x2	5	4	9	3,734	4,078	3,887	5.2	8.0	6.4
206		P1x3	4	1	5	5,830	10,252	6,714	8.0	4.0	7.2
206		P1x4	2	3	5	12,253	10,579	11,248	8.5	9.0	8.8
207	AMI Without Cardiac Cath With Angina		50	20	70	4,599	7,065	5,304	7.8	8.0	7.9
207		P1x1	45	19	64	4,532	4,888	4,638	7.7	7.5	7.6
207		P1x2	3	2	5	3,812	33,909	15,851	9.3	24.5	15.4
207		P1x3	1		5	12,170		8,972	17.0		17.0
207		P1x4	1		3	2,418		5,956	1.0		1.0
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		616	467	1,083	4,102	4,801	4,403	5.6	6.1	5.8
208		P1x1	521	403	924	3,903	4,530	4,177	5.5	6.1	5.8
208		P1x2	46	32	78	4,384	6,149	5,108	6.3	7.8	6.9
208		P1x3	34	23	57	5,829	6,953	6,282	7.9	6.6	7.4
208		P1x4	27	19	46	9,276	11,803	10,320	9.9	11.4	10.5



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
Unstable Angina With Cardiac Cath With Specified Cardiac											
210	Conditions		7	2	9	4,470	4,409	4,457	9.1	8.5	9.0
210		Pix1	6	2	8	4,921	4,409	4,793	9.7	8.5	9.4
210		Pix2	1		1	1,763		1,763	6.0		6.0
210		Pix3					22,300	22,300	28.0		28.0
210		Pix4		1	1						
Unstable Angina With Cardiac Cath Without Specified Cardiac											
211	Conditions		41	37	78	3,593	5,525	4,509	7.8	8.0	7.9
211		Pix1	37	37	74	3,355	5,525	4,440	7.8	8.0	7.9
211		Pix2	3		5	4,523		5,434	8.0		8.0
211		Pix3	1		2	9,606		8,712	7.0		7.0
211		Pix4									
Unstable Angina Without Cardiac Cath With Specified Cardiac											
212	Conditions		39	22	61	3,234	3,626	3,375	5.7	5.4	5.6
212		Pix1	29	18	47	2,693	3,385	2,958	5.0	4.7	4.9
212		Pix2	8	2	10	4,300	2,625	3,965	6.9	6.0	6.7
212		Pix3	2		5	6,817		4,891	12.5		12.5
212		Pix4		2	5		6,794	5,116	11.5		11.5
Unstable Angina Without Cardiac Cath Without Specified Cardiac											
213	Conditions		321	180	501	2,342	2,947	2,559	4.1	4.7	4.3
213		Pix1	302	175	477	2,305	2,894	2,521	4.1	4.6	4.3
213		Pix2	17	3	20	3,451	4,127	3,552	5.9	5.7	5.9
213		Pix3	3	4	7	1,438	6,624	4,401	3.0	12.3	8.3
213		Pix4	1	1	3	887	9,853	5,083	1.0	23.0	12.0
Cardiac Cath With Congestive Heart Failure											
215	Conditions		129	82	211	13,025	10,866	12,186	13.6	13.5	13.5
215		Pix1	76	63	139	7,941	8,316	8,111	10.4	10.8	10.6
215		Pix2	14	10	24	11,979	18,746	14,799	17.4	22.0	19.3
215		Pix3	14	4	18	18,137	9,669	16,256	18.1	13.3	17.1
215		Pix4	28	5	33	28,212	28,197	28,210	21.8	30.0	23.0
Cardiac Cath With Ventricular Tachycardia											
216	Conditions		76	35	111	8,254	7,210	7,925	8.8	8.9	8.8
216		Pix1	63	29	92	7,267	6,280	6,955	8.2	7.9	8.1



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plk Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
216		Plx2	7	2	9	10,897	9,860	10,667	12.3	10.0	11.8
216		Plx3	3	4	7	14,185	11,241	12,503	12.3	19.0	16.1
216		Plx4	3	1	5	16,886	23,669	16,488	9.0	21.0	12.0
217	Cardiac Cath With Unstable Angina		188	198	386	5,344	5,908	5,633	6.1	6.9	6.5
217		Plx1	170	189	359	5,080	5,730	5,422	5.7	6.7	6.2
217		Plx2	12	5	17	7,220	8,199	7,508	7.8	11.4	8.9
217		Plx3	5	1	6	8,274	4,817	7,698	11.4	13.0	11.7
217		Plx4	2	3	5	23,135	13,677	17,460	25.5	9.3	15.8
218	Cardiac Cath Without Specified Cardiac Conditions		444	484	928	4,274	4,458	4,370	4.4	4.0	4.2
218		Plx1	413	451	864	4,038	4,338	4,195	4.3	4.0	4.1
218		Plx2	24	26	50	5,248	5,519	5,389	5.7	4.7	5.2
218		Plx3	5	8	13	7,355	7,240	7,284	9.8	8.3	8.8
218		Plx4	4	2	6	24,398	22,976	23,924	11.0	23.5	15.2
219	Endocarditis		53	42	95	8,491	14,983	11,361	13.0	19.4	15.8
219		Plx1	25	21	46	6,147	6,785	6,438	8.3	12.8	10.4
219		Plx2	6	4	10	7,381	14,826	10,359	13.7	22.3	17.1
219		Plx3	10	7	17	11,489	11,886	11,652	20.0	22.3	20.9
219		Plx4	12	11	23	11,430	35,812	23,091	16.8	33.0	24.5
220	Pulmonary Embolism		326	214	540	4,824	4,299	4,616	6.9	6.9	6.9
220		Plx1	183	122	305	3,873	3,555	3,746	6.1	6.1	6.1
220		Plx2	94	76	170	4,818	4,989	4,895	7.4	7.8	7.6
220		Plx3	33	8	41	7,267	5,501	6,922	10.1	8.0	9.7
220		Plx4	23	9	32	14,390	8,668	12,781	12.3	10.6	11.8
222	Heart Failure		1,347	1,028	2,375	4,719	4,743	4,729	8.5	8.3	8.4
222		Plx1	836	719	1,555	3,615	3,789	3,696	7.0	6.9	7.0
222		Plx2	252	175	427	5,032	6,499	5,633	9.7	11.0	10.2
222		Plx3	148	81	229	7,223	7,982	7,491	13.1	13.0	13.1
222		Plx4	131	61	192	13,071	12,240	12,807	16.5	16.9	16.6
225	Hypertensive Heart Disease		48	40	88	3,686	4,468	4,041	6.9	8.0	7.4
225		Plx1	32	33	65	3,106	4,271	3,698	5.9	7.4	6.6



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases				Average Cost		Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
225		Pix2	9	6	15		2,839	6,154	4,165	6.0	14.2	9.3
225		Pix3	6	1	7		8,271	31,785	11,630	14.3	59.0	20.7
225		Pix4	2	1	5		7,784	3,247	7,103	17.5	3.0	12.7
226	Other Circulatory Diagnoses		390	332	722		3,892	4,098	3,987	5.4	5.8	5.6
226		Pix1	252	233	485		2,953	2,934	2,944	4.3	4.5	4.4
226		Pix2	77	56	133		4,591	6,039	5,201	7.2	8.6	7.8
226		Pix3	52	20	72		6,631	5,481	6,312	8.4	7.3	8.1
226		Pix4	19	18	37		16,588	11,165	13,950	15.9	10.4	13.3
229	Atherosclerosis (MNRH)		910	744	1,654		3,889	3,772	3,836	6.1	6.1	6.1
229		Pix1	743	667	1,410		3,587	3,465	3,529	5.6	5.7	5.7
229		Pix2	114	43	157		5,206	4,925	5,129	7.5	8.9	7.9
229		Pix3	45	15	60		7,931	7,524	7,829	13.4	12.2	13.1
229		Pix4	16	9	25		8,946	8,582	8,815	13.7	8.1	11.7
232	Acquired Valvular Disorders (MNRH)		51	51	102		4,555	4,554	4,554	8.7	7.0	7.9
232		Pix1	31	41	72		3,857	3,401	3,597	8.5	6.9	7.6
232		Pix2	12	7	19		6,614	4,563	5,858	8.2	4.7	6.9
232		Pix3	6	3	9		2,854	20,288	8,665	5.8	14.0	8.6
232		Pix4	1		5		16,538		7,990	36.0		36.0
233	Hypertension (MNRH)		140	81	221		2,691	2,548	2,638	4.2	4.5	4.3
233		Pix1	113	69	182		2,218	2,291	2,246	3.6	4.2	3.8
233		Pix2	17	11	28		3,486	4,093	3,724	5.9	6.3	6.1
233		Pix3	7	3	10		6,159	9,681	7,215	10.7	13.0	11.4
233		Pix4	6	1	7		14,805	4,170	13,286	13.8	11.0	13.4
234	Congenital Cardiac Disorders (MNRH)		15	30	45		2,821	4,805	4,143	4.1	4.1	4.1
234		Pix1	8	20	28		1,664	2,087	1,966	3.0	2.4	2.6
234		Pix2	4	4	8		2,959	7,379	5,169	4.3	4.0	4.1
234		Pix3	2	5	7		7,637	13,406	11,758	8.5	11.6	10.7
234		Pix4	1	1	5		1,897	5,861	7,399	3.0	1.0	2.0
235	Angina Pectoris		156	89	245		2,070	2,352	2,173	3.6	3.9	3.7
235		Pix1	142	86	228		2,048	2,329	2,154	3.5	3.8	3.6



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
235		Pix2	12	2	14	2,376	2,547	2,400	5.2	4.5	5.1
235		Pix3	6	2	8	4,804	9,916	6,082	8.7	14.5	10.1
235		Pix4			1			1,837			
237	Arrhythmia		1,004	808	1,812	3,018	3,170	3,086	4.9	5.0	5.0
237		Pix1	769	662	1,431	2,447	2,789	2,606	4.1	4.3	4.2
237		Pix2	165	100	265	3,987	4,219	4,074	7.2	7.6	7.3
237		Pix3	50	25	75	6,951	5,494	6,465	11.5	8.4	10.5
237		Pix4	27	15	42	11,539	11,876	11,659	12.9	16.7	14.3
240	Syncope And Collapse		280	249	529	2,232	2,402	2,312	4.2	4.2	4.2
240		Pix1	229	215	444	1,876	2,159	2,013	3.6	3.7	3.6
240		Pix2	29	19	48	2,979	3,023	2,997	5.4	5.6	5.5
240		Pix3	11	4	15	6,193	3,767	5,546	12.0	5.0	10.1
240		Pix4	4	2	6	6,709	12,001	8,473	12.5	18.5	14.5
242	Chest Pain		1,168	840	2,008	1,888	1,954	1,915	2.8	2.8	2.8
242		Pix1	1,066	802	1,868	1,836	1,924	1,874	2.7	2.7	2.7
242		Pix2	108	38	146	2,803	2,831	2,810	4.4	4.3	4.4
242		Pix3	11	6	17	4,064	2,975	3,679	5.9	4.8	5.5
242		Pix4	2	2	5	4,539	8,041	6,012	8.0	9.5	8.8
250	Extensive Gastrointestinal Procedures		38	32	70	28,302	21,746	25,305	18.9	20.0	19.4
250		Pix1	13	14	27	16,941	18,140	17,563	13.9	15.9	14.9
250		Pix2	9	5	14	17,050	18,639	17,617	13.3	16.6	14.5
250		Pix3	5	4	9	20,638	18,298	19,598	18.8	20.3	19.4
250		Pix4	11	8	19	63,455	31,113	49,837	31.5	26.9	29.5
251	Gastrostomy And Colostomy Procedures		630	517	1,147	17,062	17,082	17,071	17.0	17.7	17.3
251		Pix1	249	248	497	9,472	9,793	9,632	11.1	11.8	11.4
251		Pix2	91	67	158	11,988	13,693	12,711	14.1	15.1	14.5
251		Pix3	87	74	161	15,414	17,248	16,251	17.3	19.6	18.4
251		Pix4	211	131	342	33,582	42,109	36,848	29.2	34.2	31.1
252	Major Esophageal, Stomach And Duodenum Procedures		73	59	132	15,099	12,062	13,742	13.8	13.2	13.6
252		Pix1	39	40	79	10,604	8,950	9,766	11.6	10.4	11.0



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
252		Plx2	11	7	18		12,933	12,211	12,652	13.3	16.0	14.3
252		Plx3	11	6	17		18,126	22,031	19,504	17.4	23.7	19.6
252		Plx4	13	6	19		33,331	35,864	34,131	23.8	22.7	23.5
253	Major Intestinal And Rectal Procedures		1,256	947	2,203		8,599	8,841	8,703	10.0	10.4	10.2
253		Plx1	788	641	1,429		7,054	7,460	7,236	8.7	8.9	8.8
253		Plx2	206	120	326		9,339	9,505	9,400	11.4	11.8	11.6
253		Plx3	159	109	268		11,044	11,369	11,176	12.9	14.2	13.4
253		Plx4	142	93	235		21,372	26,665	23,466	20.6	21.9	21.1
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		414	321	735		6,374	6,132	6,268	6.2	6.3	6.3
255		Plx1	329	266	595		5,097	5,221	5,152	5.3	5.7	5.5
255		Plx2	32	18	50		8,103	7,415	7,855	8.8	7.7	8.4
255		Plx3	28	21	49		13,155	10,630	12,073	13.4	12.3	13.0
255		Plx4	44	29	73		21,336	24,678	22,664	16.5	20.8	18.2
258	Laparotomy		444	437	881		6,534	6,533	6,533	7.6	7.9	7.7
258		Plx1	307	338	645		5,143	5,382	5,268	6.4	7.0	6.7
258		Plx2	56	40	96		8,021	7,969	7,999	9.5	9.7	9.6
258		Plx3	40	28	68		9,262	8,729	9,042	11.2	10.3	10.8
258		Plx4	52	34	86		19,074	19,896	19,399	16.0	16.1	16.0
260	Less Extensive Intestinal And Rectal Procedures		29	14	43		5,080	4,281	4,820	5.1	5.1	5.1
260		Plx1	20	13	33		5,051	4,015	4,643	4.7	4.8	4.7
260		Plx2	3	3	5		5,543		5,346	5.7		5.7
260		Plx3	5	1	6		4,513	7,733	5,050	5.8	8.0	6.2
260		Plx4	3		5		9,292		12,033	16.3		16.3
261	Complicated Appendectomy		415	258	673		4,105	4,732	4,346	4.9	5.8	5.3
261		Plx1	346	216	562		3,704	4,342	3,949	4.5	5.3	4.8
261		Plx2	40	29	69		6,037	6,323	6,157	7.1	7.8	7.4
261		Plx3	29	11	40		6,716	9,158	7,387	8.5	10.2	9.0
261		Plx4	11	6	17		13,746	8,448	11,876	11.4	9.3	10.6
262	Simple Appendectomy		1,010	680	1,690		2,474	2,479	2,476	2.4	2.5	2.4
262		Plx1	959	645	1,604		2,414	2,451	2,429	2.3	2.5	2.4



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pik Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
262		Pik2	39	34	73		3,646	3,267	3,470	4.0	3.4	3.7
262		Pik3	23	10	33		4,835	4,571	4,755	4.3	5.3	4.6
262		Pik4	4	1	5		8,080	2,822	7,028	11.0	4.0	9.6
264	Minor Gastrointestinal Procedures		42	41	83		3,922	3,698	3,812	3.3	3.4	3.3
264		Pik1	32	37	69		3,669	3,825	3,645	2.8	3.3	3.1
264		Pik2	8	2	10		6,166	4,176	5,768	7.1	3.5	6.4
264		Pik3	4	3	7		4,938	7,600	6,079	4.5	7.7	5.9
264		Pik4			5				7,251			
265	Abdominal Laparoscopy		64	44	108		2,413	3,158	2,717	2.6	3.3	2.9
265		Pik1	64	39	103		2,413	2,825	2,569	2.6	3.0	2.7
265		Pik2		2	5			5,852	3,952		7.0	7.0
265		Pik3		2	3			5,602	5,324		5.0	5.0
265		Pik4	1	2	4		11,610	13,280	10,579	19.0	9.5	12.7
266	Anus And Stomal Procedures (MNRH)		337	337	674		2,292	1,780	2,036	2.3	2.2	2.3
266		Pik1	309	315	624		2,214	1,736	1,973	2.2	2.2	2.2
266		Pik2	27	20	47		3,859	2,681	3,357	4.5	3.7	4.1
266		Pik3	8	3	11		5,372	4,198	5,052	6.9	6.0	6.6
266		Pik4	2	4	6		16,833	12,502	13,946	14.5	11.0	12.2
269	Bilateral Hernia Procedures		794	704	1,498		2,631	2,428	2,536	2.3	2.1	2.2
269		Pik1	654	617	1,271		2,245	2,136	2,192	1.7	1.6	1.7
269		Pik2	41	29	70		4,107	5,032	4,490	4.9	5.9	5.3
269		Pik3	13	10	23		6,940	7,669	7,257	6.1	5.8	6.0
269		Pik4	9	4	13		8,590	11,352	9,440	9.4	9.0	9.3
271	Unilateral Hernia Procedures (MNRH)		158	192	350		2,177	2,019	2,090	1.6	1.4	1.5
271		Pik1	154	189	343		2,083	1,980	2,026	1.6	1.4	1.5
271		Pik2	4	6	10		3,347	4,476	4,025	5.3	4.0	4.5
271		Pik3	2	3	5		9,274	7,211	8,036	3.0	11.0	7.8
271		Pik4	4		5		10,699		10,756	14.3		14.3
279	Digestive System Malignancy		239	152	391		5,826	4,850	5,446	9.4	7.6	8.7
279		Pik1	119	99	218		4,159	3,807	3,999	7.1	6.4	6.8



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
279		Pix2	67	31	98	5,670	5,304	5,554	9.1	8.0	8.8
279		Pix3	31	10	41	9,460	7,149	8,897	16.0	11.2	14.8
279		Pix4	19	13	32	10,119	11,600	10,721	11.6	14.8	12.9
281	G.I. Hemorrhage		791	608	1,399	2,812	2,697	2,762	4.4	4.4	4.4
281		Pix1	579	493	1,072	2,297	2,302	2,299	3.8	3.8	3.8
281		Pix2	127	65	192	3,190	3,661	3,349	5.5	5.6	5.5
281		Pix3	63	25	88	5,616	4,155	5,201	8.9	6.7	8.3
281		Pix4	34	18	52	12,689	8,493	11,237	12.4	11.8	12.2
285	Complicated Ulcer		60	37	97	3,267	4,235	3,636	5.8	6.5	6.1
285		Pix1	32	16	48	2,749	3,279	2,926	5.0	5.3	5.1
285		Pix2	21	12	33	2,828	3,427	3,046	4.8	4.7	4.8
285		Pix3	5	6	11	6,878	4,510	5,586	10.6	7.8	9.1
285		Pix4	1	2	5	22,978	14,259	13,270	47.0	25.5	32.7
286	Uncomplicated Ulcer		95	68	163	2,111	2,092	2,103	3.5	3.4	3.5
286		Pix1	65	55	120	1,807	1,855	1,829	3.2	3.3	3.2
286		Pix2	22	10	32	1,902	3,071	2,268	3.5	4.6	3.9
286		Pix3	5	3	8	4,634	5,173	4,836	5.0	9.7	6.8
286		Pix4	2	2	5	16,451	5,389	9,450	33.0	4.5	18.8
289	Inflammatory Bowel Disease		377	268	645	2,740	3,245	2,950	5.2	5.4	5.3
289		Pix1	278	205	483	2,453	3,253	2,793	4.8	5.4	5.1
289		Pix2	74	46	120	3,427	2,892	3,222	6.1	4.8	5.6
289		Pix3	25	15	40	6,293	4,048	5,451	10.4	6.3	8.8
289		Pix4	13	2	15	10,918	4,475	10,059	17.7	6.0	16.1
290	G.I. Obstruction		738	557	1,295	2,356	2,491	2,414	4.3	4.3	4.3
290		Pix1	652	514	1,166	2,140	2,315	2,217	3.9	4.0	4.0
290		Pix2	53	24	77	3,328	3,957	3,525	6.2	6.8	6.4
290		Pix3	24	10	34	6,378	5,987	6,263	10.0	11.0	10.3
290		Pix4	13	8	21	9,146	12,466	10,410	13.8	16.9	15.0
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3,549	2,436	5,985	1,859	2,003	1,918	3.3	3.3	3.3
294		Pix1	2,966	2,146	5,112	1,705	1,895	1,784	3.1	3.2	3.2



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
294	Plx2	419	228	647	2,817	3,353	3,006	4.8	5.4	5.0
294	Plx3	190	95	285	3,805	3,988	3,866	6.1	5.7	6.0
294	Plx4	74	28	102	9,259	11,493	9,872	13.9	14.1	14.0
297 Other G.I. Diagnoses		577	426	1,003	2,424	2,577	2,489	3.7	3.9	3.8
297	Plx1	436	327	763	2,119	2,353	2,219	3.4	3.7	3.5
297	Plx2	106	81	187	3,324	3,150	3,249	4.9	4.9	4.9
297	Plx3	33	15	48	6,217	8,029	6,783	8.6	10.9	9.3
297	Plx4	19	18	37	7,969	8,811	8,379	9.8	12.3	11.0
310 PWS - Liver Transplant		48	63	111	50,683	54,095	52,620	20.4	23.3	22.0
310	Plx1	8	19	27	29,228	29,782	29,618	12.0	12.8	12.6
310	Plx2	2	8	10	28,166	29,418	29,168	11.5	11.5	11.5
310	Plx3	8	7	15	35,834	39,050	37,335	15.6	18.9	17.1
310	Plx4	33	30	63	68,344	88,560	77,971	31.8	39.5	35.4
311 Major Pancreatic Procedures		126	85	211	17,760	27,891	21,841	17.7	24.8	20.5
311	Plx1	63	36	99	13,456	15,226	14,100	14.4	15.0	14.6
311	Plx2	20	9	29	14,902	18,159	15,913	14.9	16.4	15.3
311	Plx3	22	5	27	19,573	25,378	20,648	18.8	30.6	21.0
311	Plx4	25	33	58	49,113	50,198	49,730	43.7	36.7	39.7
312 Major Hepatobiliary Procedures		118	86	204	12,062	15,057	13,325	9.4	10.8	10.0
312	Plx1	75	49	124	10,703	11,417	10,985	8.5	8.8	8.6
312	Plx2	13	14	27	13,998	11,610	12,759	11.8	9.6	10.7
312	Plx3	17	8	25	11,905	22,884	15,418	7.3	13.8	9.4
312	Plx4	18	12	30	34,285	32,325	33,489	24.2	16.6	21.2
313 Common Duct Exploration		45	28	73	9,102	8,997	9,062	9.8	9.7	9.8
313	Plx1	19	18	37	7,203	7,618	7,405	8.8	8.2	8.5
313	Plx2	12	5	17	8,373	7,759	8,192	8.8	9.0	8.9
313	Plx3	4		5	6,746		6,711	7.0		7.0
313	Plx4	8	3	11	14,283	14,234	14,270	12.4	11.0	12.0
314 Other Hepatobiliary And Pancreatic Procedures		86	68	152	9,101	7,773	8,524	10.3	8.0	9.3
314	Plx1	48	48	96	6,240	6,190	6,215	7.0	6.8	6.9



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
314		Plx2	6	10	16	7,789	5,588	6,414	9.5	7.0	7.9
314		Plx3	18	3	21	11,747	14,390	12,125	15.1	15.3	15.1
314		Plx4	13	4	17	16,736	35,772	21,215	16.3	21.5	17.5
315	Cholecystectomy		165	140	305	6,993	6,547	6,788	7.4	7.3	7.4
315		Plx1	118	109	227	5,925	5,780	5,856	6.5	6.7	6.6
315		Plx2	18	17	35	8,232	6,296	7,292	9.0	7.3	8.2
315		Plx3	16	11	27	10,827	12,161	11,370	11.2	13.5	12.1
315		Plx4	21	6	27	12,745	19,699	14,290	13.8	16.7	14.4
317	Laparoscopic Cholecystectomy		1,198	1,009	2,207	2,745	2,375	2,576	2.4	2.1	2.2
317		Plx1	1,127	959	2,086	2,655	2,310	2,497	2.2	2.0	2.1
317		Plx2	76	61	137	4,697	4,784	4,736	5.2	5.8	5.5
317		Plx3	20	11	31	6,560	6,053	6,380	8.5	7.5	8.1
317		Plx4	16	6	22	16,576	8,628	14,408	14.2	12.2	13.6
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		51	41	92	11,285	12,647	11,892	11.7	11.0	11.4
320		Plx1	24	28	52	6,029	6,704	6,392	7.8	6.9	7.3
320		Plx2	10	2	12	10,146	12,450	10,530	11.1	16.0	11.9
320		Plx3	7	3	10	13,740	6,557	11,585	14.1	6.0	11.7
320		Plx4	9	8	17	24,024	38,765	30,961	19.1	28.4	23.5
323	Cirrhosis And Alcoholic Hepatitis		225	161	386	5,863	6,480	6,120	8.6	8.1	8.4
323		Plx1	57	49	106	2,636	3,473	3,023	4.7	5.4	5.0
323		Plx2	44	47	91	4,765	4,194	4,470	8.0	7.5	7.7
323		Plx3	49	26	75	6,220	5,091	5,829	10.0	8.5	9.4
323		Plx4	78	39	117	10,944	14,872	12,253	12.7	12.2	12.5
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		223	172	395	5,262	6,001	5,584	9.4	9.0	9.2
324		Plx1	102	90	192	4,316	4,217	4,269	8.2	6.2	7.2
324		Plx2	58	37	95	4,401	7,493	5,605	8.7	12.2	10.1
324		Plx3	36	23	59	7,562	7,520	7,546	11.9	10.9	11.5
324		Plx4	27	21	48	8,187	9,003	8,544	12.3	12.3	12.3
325	Pancreas Diseases Except Malignancy		622	457	1,079	2,859	3,317	3,053	5.2	5.6	5.4
325		Plx1	424	337	761	2,210	2,466	2,323	4.3	4.6	4.4



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
325		Pix2	124	78	202	3,324	4,526	3,788	6.4	7.4	6.8
325		Pix3	51	22	73	5,863	7,218	6,271	9.1	11.0	9.7
325		Pix4	40	27	67	17,935	18,789	18,279	18.2	16.7	17.6
326	Liver Diseases Except Cirrhosis Or Cancer										
326		Pix1	112	92	204	3,309	3,231	3,274	5.5	5.2	5.4
326		Pix2	47	25	72	4,056	5,357	4,508	6.3	7.6	6.8
326		Pix3	32	27	59	5,981	7,985	6,898	10.4	11.6	10.9
326		Pix4	66	25	91	17,623	18,587	17,888	13.0	12.6	12.9
329	Biliary Tract Diseases										
329		Pix1	268	213	481	2,592	2,529	2,566	4.2	4.0	4.1
329		Pix2	43	23	66	3,746	4,975	4,174	5.4	7.0	5.9
329		Pix3	43	28	71	4,000	5,669	4,658	6.7	8.4	7.3
329		Pix4	24	11	35	6,243	12,396	8,177	9.7	11.1	10.1
350	Multiple Or Bilateral Joint Replacement										
350		Pix1	10	9	19	12,223	10,310	11,317	9.7	8.7	9.2
350		Pix2	4	5	9	13,743	14,920	14,397	10.5	13.0	11.9
350		Pix3	7	3	10	15,910	25,638	18,829	14.9	25.3	18.0
350		Pix4	3	1	5	25,757	40,513	25,962	30.3	23.0	28.5
351	Joint Replacement For Trauma										
351		Pix1	282	206	488	7,772	7,472	7,646	8.9	9.0	8.9
351		Pix2	59	69	128	11,123	10,843	10,972	14.7	14.1	14.4
351		Pix3	47	29	76	14,504	11,597	13,394	21.4	14.0	18.6
351		Pix4	48	26	74	20,632	16,336	19,333	29.7	20.8	26.6
352	Hip Replacement										
352		Pix1	1,073	876	1,949	8,594	7,939	8,299	6.6	6.8	6.7
352		Pix2	794	764	1,558	8,338	7,813	8,081	6.4	6.7	6.5
352		Pix3	215	86	301	8,943	8,613	8,849	7.2	8.0	7.4
352		Pix4	66	32	98	11,359	9,837	10,862	9.6	9.4	9.5
354	Knee Replacement										
354		Pix1	1,173	898	2,071	7,868	7,285	7,627	6.5	6.8	6.6
354		Pix2	919	795	1,714	7,674	7,165	7,438	6.3	6.7	6.5



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
354		Plx2	182	74	256		8,591	8,015	8,425	7.0	7.7	7.2
354		Plx3	66	38	104		9,534	9,626	9,567	9.0	10.1	9.4
354		Plx4	30	7	37		11,329	14,999	12,024	11.0	16.1	12.0
Reattachment Procedures Or Lower Extremity Or Shoulder												
355	Amputations		24	19	43		11,592	7,217	9,659	12.8	7.3	10.4
355		Plx1	12	12	24		8,563	5,602	7,083	9.9	5.7	7.8
355		Plx2	5	4	9		13,713	8,641	11,459	14.6	10.0	12.6
355		Plx3	2	1	4		24,093	16,982	22,267	19.5	7.0	15.3
355		Plx4	8	3	11		35,536	63,682	43,212	39.9	49.7	42.5
356	Repair Hip And Femur Procedures		133	127	260		8,122	6,809	7,481	7.0	5.8	6.4
356		Plx1	84	100	184		6,647	6,073	6,335	5.4	5.1	5.2
356		Plx2	35	23	58		9,378	10,067	9,651	8.8	10.8	9.6
356		Plx3	10	3	13		14,642	10,064	13,586	16.4	7.7	14.4
356		Plx4	9	5	14		28,243	14,828	23,452	39.9	13.2	30.4
358	Lower Extremity Procedures With Infection		99	69	168		7,316	6,157	6,840	7.6	6.8	7.2
358		Plx1	79	57	136		6,094	5,786	5,965	6.1	6.2	6.1
358		Plx2	11	9	20		8,221	11,823	9,842	8.5	17.0	12.4
358		Plx3	3	4	7		13,164	11,630	12,287	17.3	10.8	13.6
358		Plx4	7	3	10		25,277	23,728	24,812	37.0	23.0	32.8
359	Upper Extremity Procedures With Infection		21	25	46		7,424	3,767	5,437	5.7	4.0	4.8
359		Plx1	18	23	41		5,642	3,731	4,570	5.0	3.8	4.3
359		Plx2	1	2	3		22,982	4,177	10,446	11.0	6.5	8.0
359		Plx3	2		4		15,691		14,254	9.5		9.5
359		Plx4		1	2		22,681		18,895	24.0		24.0
360	Upper Extremity Amputations And Revisions		25	23	48		5,929	5,701	5,820	6.2	5.2	5.8
360		Plx1	17	16	33		4,065	4,033	4,050	4.5	4.0	4.2
360		Plx2	6	6	12		6,989	10,433	8,711	7.2	15.0	11.1
360		Plx3	1	1	4		22,477	4,617	13,382	15.0	4.0	9.5
360		Plx4	2	2	5		17,671	18,759	26,613	27.0	11.5	19.3
361	Musculoskeletal Biopsy For Malignancy		25	20	45		14,056	20,226	16,798	14.6	16.9	15.6
361		Plx1	17	13	30		7,147	7,743	7,405	9.1	8.6	8.9



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
361		Pix2	4	3	7	20,296	16,021	18,463	23.3	25.3	24.1
361		Pix3	1		5	30,720		16,629	17.0		17.0
361		Pix4	3	4	7	39,335	63,950	53,401	33.3	37.5	35.7
362	Musculoskeletal Biopsy Without Malignancy		36	25	61	12,852	7,551	10,680	14.3	8.2	11.8
362		Pix1	23	23	46	5,393	5,629	5,511	7.7	7.5	7.6
362		Pix2	2		5	12,766		7,916	17.0		17.0
362		Pix3	2	1	5	20,702	47,367	22,195	30.5	57.0	39.3
362		Pix4	7	3	10	35,086	36,275	35,443	24.4	29.7	26.0
363	Back And Neck Procedures With Fusion		478	567	1,045	9,530	8,335	8,881	5.7	5.0	5.3
363		Pix1	347	461	808	8,024	7,129	7,513	4.8	4.2	4.5
363		Pix2	79	72	151	12,004	13,011	12,485	7.4	7.8	7.6
363		Pix3	32	23	55	15,966	16,055	16,004	10.7	11.6	11.1
363		Pix4	37	18	55	30,385	26,567	29,136	19.5	20.9	20.0
365	Back And Neck Procedures Without Fusion		791	893	1,684	4,108	3,932	4,015	3.1	3.0	3.0
365		Pix1	730	831	1,561	3,975	3,821	3,893	2.9	2.9	2.9
365		Pix2	57	65	122	7,116	6,873	6,986	7.1	6.4	6.8
365		Pix3	25	16	41	8,290	9,212	8,649	8.3	9.1	8.6
365		Pix4	7	7	14	12,751	14,707	13,729	12.6	13.1	12.9
367	Shoulder Arthroplasty		67	19	86	6,583	5,371	6,315	4.0	3.8	4.0
367		Pix1	62	19	81	6,500	5,371	6,235	4.1	3.8	4.0
367		Pix2	2		5	6,879		6,552	2.5		2.5
367		Pix3	1		2	8,595		7,359	4.0		4.0
367		Pix4	2		2	7,832		7,832	3.5		3.5
368	Major Hip And Knee Procedures		40	36	76	5,395	4,353	4,901	3.6	3.2	3.4
368		Pix1	34	30	64	4,817	4,191	4,524	3.2	3.2	3.2
368		Pix2	5	6	11	7,694	5,163	6,314	6.0	2.8	4.3
368		Pix3	1		4	13,518		9,566	7.0		7.0
368		Pix4		1	1		114,841	114,841		92.0	92.0
369	Major Lower Extremity Procedures		283	171	454	4,327	4,252	4,299	3.0	3.1	3.1
369		Pix1	268	165	433	4,139	4,123	4,133	3.0	3.1	3.0



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	
369		Plx2	12	6	18		8,044	7,790	7,959		4.9	3.8	4.6	
369		Plx3	4	1	5		8,807	11,702	9,386		5.0	10.0	6.0	
369		Plx4	1	1	4		27,997	23,259	16,207		40.0	21.0	30.5	
372	Major Upper Extremity Procedures		156	99	255		3,708	3,364	3,575		2.2	1.9	2.1	
372		Plx1	138	93	231		3,403	3,135	3,295		1.8	1.7	1.8	
372		Plx2	7	1	8		7,901	8,672	7,998		10.0	15.0	10.6	
372		Plx3	1	1	5		9,231		6,846		9.0		9.0	
372		Plx4	1	1	5		104,024	45,381	60,316		209.0	34.0	121.5	
374	Minor Lower Extremity Procedures		420	323	743		2,897	2,626	2,779		1.7	1.5	1.6	
374		Plx1	412	310	722		2,857	2,576	2,737		1.7	1.5	1.6	
374		Plx2	10	13	23		5,103	3,954	4,454		3.6	2.1	2.7	
374		Plx3	2	1	5		6,085	2,402	4,021		7.0	2.0	5.3	
374		Plx4												
375	Minor Upper Extremity Procedures		390	356	746		2,363	2,216	2,293		1.5	1.5	1.5	
375		Plx1	385	351	736		2,355	2,200	2,281		1.5	1.5	1.5	
375		Plx2	6	4	10		3,222	5,965	4,319		3.8	4.8	4.2	
375		Plx3	1	3	5		3,758	2,540	2,897		6.0	2.3	3.3	
375		Plx4	1		4		4,065		5,175		2.0		2.0	
376	Miscellaneous Musculoskeletal Procedures		95	81	176		6,856	6,561	6,720		3.3	3.2	3.3	
376		Plx1	79	72	151		5,622	6,138	5,868		2.8	3.0	2.9	
376		Plx2	7	8	15		9,810	9,522	9,657		5.3	4.9	5.1	
376		Plx3	4	1	5		17,156	19,039	17,532		5.5	16.0	7.6	
376		Plx4	6	2	8		16,386	18,348	16,876		7.3	12.0	8.5	
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		231	156	387		7,064	7,936	7,415		6.5	7.3	6.9	
377		Plx1	170	117	287		5,145	6,169	5,562		4.9	5.8	5.3	
377		Plx2	37	21	58		9,743	13,317	11,037		10.2	11.7	10.8	
377		Plx3	17	12	29		12,128	15,472	13,512		13.3	17.5	15.0	
377		Plx4	12	11	23		35,441	29,011	32,366		24.4	28.5	26.4	
378	Soft Tissue Procedures (MNRH)		97	58	155		3,273	3,827	3,480		2.2	2.5	2.3	
378		Plx1	87	55	142		3,133	3,834	3,404		2.0	2.6	2.2	



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
378		Pix2	9	3	12	4,507	3,690	4,302	3.7	1.7	3.2
378		Pix3		2	3		18,824	13,851		21.5	21.5
378		Pix4	2		3	18,016		13,559	8.5		8.5
379	Other Musculoskeletal Procedures (MNRH)		336	268	604	2,466	2,207	2,351	1.7	1.6	1.6
379		Pix1	328	264	592	2,427	2,179	2,316	1.6	1.6	1.6
379		Pix2	11	9	20	4,966	5,341	5,135	3.7	5.9	4.7
379		Pix3		1	5		3,003	3,836		6.0	6.0
379		Pix4	2		5	13,953		28,741	11.0		11.0
380	Other Lower Extremity Procedures (MNRH)		224	214	438	2,330	2,031	2,184	1.6	1.7	1.7
380		Pix1	219	212	431	2,300	2,014	2,159	1.6	1.7	1.6
380		Pix2	4	2	6	3,486	3,850	3,608	2.5	2.5	2.5
380		Pix3	1		3	4,296		3,385	1.0		1.0
380		Pix4									
381	Hand And Wrist Procedures (MNRH)		61	38	99	2,307	2,194	2,264	1.0	1.0	1.0
381		Pix1	61	37	98	2,307	2,219	2,274	1.0	1.0	1.0
381		Pix2	1	1	5	5,605	1,271	6,667	4.0	1.0	2.5
381		Pix3									
381		Pix4									
382	Arthroscopy (MNRH)		7	6	13	3,763	4,417	4,065	4.7	4.7	4.7
382		Pix1	4	4	8	1,587	2,213	1,900	1.3	1.8	1.5
382		Pix2		2	2		8,824	8,824		10.5	10.5
382		Pix3									
382		Pix4	2		2	18,031		18,031	19.0		19.0
383	PWS - Joint Replacement For Malignancy		11	16	27	10,150	14,264	12,588	8.7	12.7	11.1
383		Pix1	6	8	14	7,920	13,496	11,106	7.0	10.9	9.2
383		Pix2	3	5	8	11,844	15,801	14,317	10.3	14.2	12.8
383		Pix3	2	1	5	14,301	10,515	12,154	11.5	9.0	10.7
383		Pix4	1	3	5	27,022	28,295	29,836	48.0	29.3	34.0
384	PWS - Back And Neck Procedures For Malignancy		26	31	57	24,890	22,190	23,422	20.5	18.7	19.5
384		Pix1	6	12	18	11,235	11,617	11,489	7.8	8.8	8.5



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
384		Plx2	5	5	10	20,334	20,134	20,234	18.4	19.4	18.9
384		Plx3	4	3	7	25,231	25,016	25,139	16.0	17.3	16.6
384		Plx4	11	9	20	34,284	32,332	33,406	30.1	27.8	29.1
385	PWS - Major Orthopaedic Oncology Procedures		23	19	42	7,401	9,724	8,452	5.1	5.8	5.4
385		Plx1	20	15	35	6,689	7,662	7,106	4.5	5.1	4.8
385		Plx2	3	2	5	12,147	17,577	14,319	9.0	13.5	10.8
385		Plx3		1	2		8,135	12,028		6.0	6.0
385		Plx4	4	2	6	56,988	26,266	46,748	26.3	11.0	21.2
386	Other Orthopaedic Oncology Procedures		29	24	53	6,932	6,216	6,608	5.3	5.1	5.2
386		Plx1	19	20	39	5,145	5,057	5,100	3.8	4.4	4.1
386		Plx2	6	3	9	7,992	12,851	9,612	8.0	7.3	7.8
386		Plx3	4	1	5	13,836	14,436	13,956	8.8	20.0	11.0
386		Plx4		1	3		9,478	14,733		12.0	12.0
391	Secondary Neoplasms And Pathological Fractures		216	177	393	7,950	6,837	7,449	13.3	11.5	12.5
391		Plx1	124	120	244	5,243	5,595	5,416	10.6	9.7	10.2
391		Plx2	43	35	78	7,928	7,474	7,724	14.5	12.2	13.5
391		Plx3	26	10	36	11,688	9,674	11,128	21.9	12.8	19.4
391		Plx4	28	8	36	20,091	12,454	18,394	23.6	18.1	22.4
392	Osteomyelitis		55	30	85	6,528	5,354	6,113	7.7	7.3	7.5
392		Plx1	31	23	54	5,611	4,809	5,269	6.7	6.3	6.6
392		Plx2	8	1	9	7,093	7,670	7,157	8.8	11.0	9.0
392		Plx3	9	3	12	8,475	7,098	8,130	9.4	11.0	9.8
392		Plx4	7	4	11	7,439	12,019	9,105	8.4	16.0	11.2
393	Rheumatoid Arthritis		59	72	131	6,292	2,789	4,367	8.7	5.4	6.9
393		Plx1	33	63	96	3,392	2,469	2,766	5.4	4.8	5.0
393		Plx2	8	7	15	4,163	4,111	4,139	9.3	8.0	8.7
393		Plx3	7	4	11	6,966	12,285	8,893	11.1	29.8	17.9
393		Plx4	12	4	16	31,358	58,868	38,235	25.5	42.0	29.6
394	Septic Arthritis		21	20	41	3,412	3,627	3,517	6.0	5.3	5.7
394		Plx1	14	15	29	2,270	2,963	2,628	4.6	4.5	4.6



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
394		Ptx2	1	1	5		10,460	7,512	7,877	18.0	7.0	12.5
394		Ptx3	4	2	6		5,906	1,822	4,545	10.3	4.0	8.2
394		Ptx4	4	1	5		19,124	5,193	16,338	25.0	5.0	21.0
397	Non-Inflammatory Arthritis		58	38	96		5,242	5,130	5,197	9.1	9.8	9.4
397		Ptx1	39	28	67		3,568	4,104	3,792	6.4	8.5	7.3
397		Ptx2	9	5	14		7,885	6,514	7,395	8.7	12.0	9.9
397		Ptx3	6	3	9		12,565	6,044	10,391	26.7	8.7	20.7
397		Ptx4	5	3	8		18,054	18,601	18,259	40.8	69.7	51.6
398	Other Inflammatory Arthritis		215	217	432		3,587	3,342	3,464	5.2	5.4	5.3
398		Ptx1	147	159	306		2,334	2,424	2,381	4.0	4.1	4.1
398		Ptx2	28	28	56		4,646	5,635	5,140	9.2	9.8	9.5
398		Ptx3	28	21	49		4,778	7,776	6,063	6.9	11.3	8.8
398		Ptx4	18	18	36		19,231	12,014	15,622	14.8	14.4	14.6
399	Orthopaedic Aftercare		118	85	203		3,303	4,247	3,699	5.1	5.9	5.4
399		Ptx1	97	68	165		2,612	2,582	2,591	4.1	4.3	4.2
399		Ptx2	14	6	20		6,958	8,936	7,551	10.0	12.7	10.8
399		Ptx3	4	4	8		7,092	7,085	7,088	15.0	11.8	13.4
399		Ptx4	6	8	14		11,350	16,573	14,335	19.3	16.9	17.9
401	Other Musculoskeletal Malignancies		20	81	101		5,614	6,781	6,534	5.8	5.2	5.3
401		Ptx1	10	54	64		3,562	5,027	4,798	4.5	4.0	4.1
401		Ptx2	2	12	14		4,578	8,247	7,723	5.0	8.3	7.9
401		Ptx3	5	11	16		4,694	10,189	8,471	4.0	7.1	6.1
401		Ptx4	3	9	12		14,679	24,098	21,743	13.3	16.0	15.3
402	Disc Disease		223	190	413		3,085	3,002	3,046	6.6	6.6	6.6
402		Ptx1	195	177	372		2,690	2,848	2,765	6.0	6.5	6.2
402		Ptx2	21	13	34		5,976	5,800	5,909	12.3	12.0	12.2
402		Ptx3	10	2	12		11,360	9,384	11,030	23.4	12.0	21.5
402		Ptx4	7	1	8		12,875	6,831	12,120	23.3	11.0	21.8
404	Other Musculoskeletal Infections		4	2	6		2,916	436	2,089	2.5	1.5	2.2
404		Ptx1	4	2	6		2,916	436	2,089	2.5	1.5	2.2



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pik Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
404		Pix2									
404		Pix3									
404		Pix4									
407	Other Musculoskeletal Disorders		38	26	64	3,238	3,104	3,183	3.8	3.3	3.6
407		Pix1	28	21	49	2,071	2,503	2,256	2.9	2.7	2.8
407		Pix2	6	3	9	5,272	3,179	4,574	6.8	2.7	5.4
407		Pix3	1	1	2	3,508	7,349	5,429	3.0	5.0	4.0
407		Pix4	2		3	8,143		7,644	2.5		2.5
409	Back Pain (MNRH)		211	173	384	2,113	2,359	2,224	4.4	4.7	4.5
409		Pix1	183	156	339	1,793	2,155	1,960	3.8	4.3	4.0
409		Pix2	17	8	25	4,516	2,950	4,015	9.2	6.8	8.4
409		Pix3	5	3	8	10,295	5,974	8,674	11.8	12.0	11.9
409		Pix4	6	2	8	14,213	4,004	11,661	22.7	5.5	18.4
411	Signs, Symptoms And Deformities (MNRH)		160	122	282	2,374	2,417	2,393	4.1	4.0	4.1
411		Pix1	141	115	256	2,298	2,334	2,314	4.0	3.8	3.9
411		Pix2	15	5	20	4,631	3,270	4,291	8.9	5.8	8.1
411		Pix3	6	2	8	3,539	5,044	3,915	4.5	9.0	5.6
411		Pix4	4	1	5	8,401	14,943	9,709	15.3	29.0	18.0
413	Joint Derangements (MNRH)		31	20	51	2,002	1,771	1,912	3.7	3.2	3.5
413		Pix1	25	17	42	1,797	1,733	1,772	3.0	2.6	2.8
413		Pix2	2	5	7	2,241	4,033	3,521	6.5	10.6	9.4
413		Pix3	2		5	1,259		752	2.0		2.0
413		Pix4									
414	Sprains Strains And Minor Injuries (MNRH)		53	48	101	1,962	1,505	1,745	3.7	2.2	3.0
414		Pix1	50	47	97	1,908	1,493	1,707	3.6	2.2	2.9
414		Pix2	1	1	4	4,055	2,055	2,443	8.0	2.0	5.0
414		Pix3	2		4	2,262		2,828	3.5		3.5
414		Pix4									
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		152	129	281	5,930	4,985	5,497	5.0	4.0	4.6
425		Pix1	126	112	238	4,535	4,041	4,302	4.0	3.3	3.6



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	
425		Pix2	14	9	23		12,091	8,893	10,839		8.3	7.3	7.9	
425		Pix3	6	5	11		13,434	10,315	12,016		10.2	8.4	9.4	
425		Pix4	6	1	7		35,432	41,984	36,368		33.5	52.0	36.1	
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		145	110	255		16,771	15,425	16,190		23.0	20.5	21.9	
427		Pix1	87	76	163		10,802	11,684	11,213		16.1	15.8	16.0	
427		Pix2	17	12	29		17,159	21,843	19,097		25.4	29.2	27.0	
427		Pix3	21	13	34		17,826	17,452	17,683		24.0	24.5	24.2	
427		Pix4	24	8	32		52,562	52,294	52,495		68.8	58.4	66.2	
Breast Procedures Except Biopsy And Local Excision Without Malignancy														
428			388	305	693		2,680	2,839	2,750		1.2	1.2	1.2	
428		Pix1	379	302	681		2,629	2,825	2,716		1.2	1.1	1.1	
428		Pix2	15	10	25		9,036	13,475	10,812		4.8	6.6	5.5	
428		Pix3	5	4	9		11,431	14,552	12,818		6.0	8.8	7.2	
428		Pix4	3	1	5		15,437	10,992	16,652		8.3	9.0	8.5	
429	Total Mastectomy For Breast Malignancy		379	306	685		3,267	3,269	3,268		2.3	2.5	2.4	
429		Pix1	357	296	653		3,046	3,179	3,106		2.2	2.4	2.3	
429		Pix2	19	7	26		7,125	5,759	6,757		4.6	4.7	4.6	
429		Pix3	5	7	12		13,631	11,990	12,674		8.0	11.7	10.2	
429		Pix4	2	1	5		10,721	3,449	8,730		5.5	4.0	5.0	
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		357	276	633		2,582	2,774	2,666		1.6	1.8	1.7	
432		Pix1	352	272	624		2,565	2,770	2,654		1.6	1.8	1.7	
432		Pix2	4	5	9		4,429	4,498	4,467		3.5	3.0	3.2	
432		Pix3	2		4		4,808		4,814		5.0		5.0	
432		Pix4	2	2	4		6,570	23,880	15,225		6.5	33.5	20.0	
434	Breast Biopsy And Local Excision Without Malignancy		13	17	30		1,459	1,214	1,320		1.0	1.0	1.0	
434		Pix1	13	17	30		1,459	1,214	1,320		1.0	1.0	1.0	
434		Pix2			3				1,586					
434		Pix3												
434		Pix4												
435	Perianal And Pilonidal Cyst Procedures		21	31	52		1,619	1,482	1,537		1.8	1.9	1.8	
435		Pix1	21	31	52		1,619	1,482	1,537		1.8	1.9	1.8	



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
435		Plx2									
435		Plx3			1			2,140			
435		Plx4									
436	Plastic Surgery		23	21	44	2,797	2,974	2,881	1.7	1.3	1.5
436		Plx1	23	21	44	2,797	2,974	2,881	1.7	1.3	1.5
436		Plx2			2			3,382			
436		Plx3									
436		Plx4									
Other Dermatological Procedures Without Malignancy Or Skin Ulcer											
437	Or Cellulitis		40	34	74	2,239	1,819	2,046	1.5	1.3	1.4
437		Plx1	37	33	70	2,110	1,835	1,980	1.4	1.3	1.4
437		Plx2	3	1	5	3,833	1,282	2,703	2.3	1.0	2.0
437		Plx3	1	1	3	4,997	9,857	11,174	6.0	16.0	11.0
437		Plx4		1	1		65,374	65,874	25.0	25.0	25.0
Other Dermatological Procedures For Malignancy Or Skin Ulcer Or											
438	Cellulitis		62	49	111	3,869	4,995	4,322	4.5	5.8	5.1
438		Plx1	55	41	96	3,770	3,870	3,812	4.1	4.9	4.4
438		Plx2	6	3	9	7,057	15,550	9,888	11.7	11.0	11.4
438		Plx3	2	2	5	5,432	4,697	6,515	11.0	2.0	6.5
438		Plx4	1	1	5	2,709	18,220	8,626	4.0	12.0	8.0
439	Skin Ulcer		37	18	55	5,934	9,159	6,990	12.7	14.9	13.4
439		Plx1	18	7	25	5,093	6,119	5,380	12.2	9.9	11.6
439		Plx2	7	4	11	6,558	10,837	8,114	12.3	14.8	13.2
439		Plx3	10	4	14	6,735	7,757	7,027	13.5	13.0	13.4
439		Plx4	2	3	5	7,321	16,729	12,966	14.5	33.7	26.0
440	Major Skin Disorders		48	32	80	3,456	3,514	3,479	5.8	6.3	6.0
440		Plx1	30	27	57	2,913	3,305	3,099	4.9	5.7	5.3
440		Plx2	11	3	14	4,210	4,774	4,331	8.0	11.0	8.6
440		Plx3	4	1	5	4,392	2,387	3,991	7.5	4.0	6.8
440		Plx4	3	3	6	4,877	19,088	11,983	5.0	19.7	12.3
443	Malignant Breast Disorders		16	14	30	6,929	6,837	6,886	8.8	8.1	8.4



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
443		Plx1	4	10	14	3,480	4,438	4,164	5.0	6.5	6.1
443		Plx2	6	1	7	3,849	7,106	4,315	6.2	8.0	6.4
443		Plx3	2	2	5	9,146	20,331	11,913	12.0	19.5	15.8
443		Plx4	4	1	5	15,125	3,573	12,815	19.5	1.0	15.8
446	Non-Malignant Breast Disorders		15	13	28	1,857	1,632	1,753	3.0	2.6	2.8
446		Plx1	15	13	28	1,857	1,632	1,753	3.0	2.6	2.8
446		Plx2									
446		Plx3			1			2,768			
446		Plx4									
447	Cellulitis		595	367	962	3,017	2,980	3,003	5.3	5.5	5.4
447		Plx1	441	296	737	2,540	2,626	2,574	4.5	4.8	4.6
447		Plx2	83	41	124	4,387	5,492	4,752	7.6	10.0	8.4
447		Plx3	53	27	80	5,305	4,889	5,164	9.9	9.7	9.9
447		Plx4	38	12	50	9,589	9,379	9,539	15.7	14.1	15.3
452	Trauma Of Skin, Subcutaneous Tissue And Breast		38	32	70	2,135	1,647	1,912	2.2	1.8	2.0
452		Plx1	37	30	67	2,122	1,684	1,926	2.1	1.8	2.0
452		Plx2		1	5		1,449	2,306		2.0	2.0
452		Plx3	2	2	5	4,757	2,425	3,430	5.5	3.5	4.5
452		Plx4			1			7,493			
454	Minor Skin Disorders		79	76	155	1,831	2,653	2,234	3.0	3.8	3.4
454		Plx1	67	56	123	1,682	2,174	1,906	2.9	3.7	3.2
454		Plx2	5	13	18	1,642	4,249	3,525	2.8	3.5	3.3
454		Plx3	4	5	9	2,406	3,124	2,805	3.8	3.6	3.7
454		Plx4	3	2	5	4,698	4,524	4,628	6.3	6.5	6.4
476	PWS - Adrenal And Pituitary Procedures		91	89	180	8,270	7,452	7,866	5.4	4.9	5.2
476		Plx1	66	76	142	7,125	6,462	6,770	4.3	4.3	4.3
476		Plx2	8	7	15	14,495	11,980	13,321	7.4	7.6	7.5
476		Plx3	11	3	14	11,789	12,100	11,856	8.4	11.7	9.1
476		Plx4	3	7	10	13,313	28,056	23,633	15.0	16.9	16.3
477	Parathyroid Procedures		37	43	80	3,734	4,248	4,010	2.4	2.8	2.6



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plk Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	
477		P1x1	30	39	69		3,283	4,045	3,714		2.1	2.7	2.4	
477		P1x2	3	1	5		5,848	6,446	5,629		3.3	4.0	3.5	
477		P1x3	5	5	10		8,851	8,913	8,882		7.2	9.2	8.2	
477		P1x4	2	3	5		15,688	11,723	13,309		14.0	14.7	14.4	
478	Obesity Procedures		35	44	79		3,020	3,143	3,088		1.9	2.1	2.0	
478		P1x1	34	43	77		2,974	3,065	3,025		1.7	2.0	1.9	
478		P1x2	1	1	5		4,580	6,496	4,010		7.0	6.0	6.5	
478		P1x3			3				5,631					
478		P1x4	1	1	2		19,614	59,544	39,579		19.0	25.0	22.0	
479	Thyroid Procedures		277	213	490		3,036	3,361	3,178		1.7	1.9	1.8	
479		P1x1	263	194	457		2,954	3,246	3,078		1.6	1.8	1.7	
479		P1x2	4	10	14		4,011	4,979	4,703		2.5	2.8	2.7	
479		P1x3	13	13	26		5,034	5,232	5,133		3.2	2.8	3.0	
479		P1x4	3	3	6		18,929	12,614	15,771		11.3	12.3	11.8	
480	Thyroglossal Procedures		12	14	26		2,298	1,659	1,954		1.0	1.0	1.0	
480		P1x1	12	14	26		2,298	1,659	1,954		1.0	1.0	1.0	
480		P1x2												
480		P1x3												
480		P1x4												
482	Other Endocrine, Nutrition And Metabolic Procedures		40	30	70		7,527	11,745	9,335		6.2	7.9	7.0	
482		P1x1	30	20	50		3,876	5,368	4,473		2.7	4.7	3.5	
482		P1x2	3	2	5		20,780	11,936	17,242		24.3	10.0	18.6	
482		P1x3	4	3	7		14,840	18,102	16,238		12.8	12.7	12.7	
482		P1x4	5	5	10		35,461	42,036	38,748		29.8	22.0	25.9	
483	Diabetes		735	481	1,216		2,766	2,848	2,798		4.6	4.5	4.6	
483		P1x1	521	370	891		2,106	2,317	2,194		3.6	3.9	3.7	
483		P1x2	93	60	153		3,604	4,768	4,060		6.8	7.2	7.0	
483		P1x3	70	43	113		4,073	4,294	4,157		7.0	6.5	6.8	
483		P1x4	65	17	82		10,022	15,822	11,225		12.0	16.1	12.8	
485	Nutritional And Miscellaneous Metabolic Disorders		827	674	1,501		2,733	3,094	2,895		4.6	4.8	4.7	



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
485		Plx1	518	468	986	2,043	2,391	2,208	3.5	4.1	3.8
485		Plx2	190	138	328	3,757	4,274	3,974	6.4	6.7	6.5
485		Plx3	80	54	134	4,105	5,191	4,543	6.7	8.2	7.3
485		Plx4	57	24	81	9,055	10,231	9,404	13.3	9.6	12.2
487	Cystic Fibrosis		84	73	157	10,424	8,665	9,606	11.5	10.8	11.2
487		Plx1	58	49	107	8,173	8,719	8,423	10.3	11.2	10.1
487		Plx2	12	17	29	9,918	7,525	8,515	12.2	8.8	10.2
487		Plx3	10	5	15	15,714	9,432	13,620	16.0	11.4	14.5
487		Plx4	4	2	6	31,351	15,127	25,943	16.3	16.5	16.3
488	Inborn Errors Of Metabolism		40	40	80	4,780	4,265	4,523	4.7	4.6	4.7
488		Plx1	25	26	51	3,071	3,215	3,144	3.1	2.8	3.0
488		Plx2	9	11	20	6,084	6,301	6,203	7.2	9.1	8.3
488		Plx3	3	4	7	9,987	6,228	7,839	12.0	6.8	9.0
488		Plx4	4		5	18,040		15,155	11.5		11.5
489	Endocrine Disorders		197	173	370	3,243	3,334	3,285	4.4	4.1	4.3
489		Plx1	146	122	268	2,563	2,697	2,624	3.2	3.3	3.2
489		Plx2	34	31	65	3,938	4,027	3,981	6.4	4.9	5.7
489		Plx3	7	11	18	7,882	4,626	5,892	10.4	6.5	8.0
489		Plx4	11	7	18	13,889	14,296	14,047	17.6	14.0	16.2
500	PWS - Kidney Transplant		119	131	250	15,731	14,556	15,115	9.1	9.5	9.3
500		Plx1	44	61	105	11,956	11,873	11,908	7.2	7.3	7.2
500		Plx2	17	22	39	13,311	13,671	13,514	7.6	8.9	8.3
500		Plx3	26	19	45	15,904	16,186	16,023	9.3	12.2	10.5
500		Plx4	37	26	63	25,422	22,032	24,023	15.5	15.5	15.5
501	Urinary Diversion And Augmentation		91	74	165	11,118	12,158	11,585	12.0	12.5	12.2
501		Plx1	51	43	94	9,024	10,348	9,629	8.9	10.2	9.5
501		Plx2	18	15	33	12,522	11,822	12,204	13.7	11.9	12.9
501		Plx3	9	10	19	13,026	17,628	15,448	15.1	16.8	16.0
501		Plx4	16	10	26	28,509	39,556	32,758	30.1	47.8	36.9
502	Radical Prostatectomy		312	339	651	5,002	5,135	5,071	5.0	5.2	5.1



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
502		Pix1	269	307	576	4,855	5,066	4,967	4.9	5.1	5.0
502		Pix2	31	21	52	5,802	5,513	5,685	5.5	5.6	5.6
502		Pix3	15	8	23	7,463	6,371	7,083	8.6	6.6	7.9
502		Pix4	3	5	8	9,284	8,455	8,766	13.0	9.4	10.8
503	Dialysis Procedures		97	101	198	8,706	8,178	8,437	8.4	7.8	8.1
503		Pix1	64	62	126	4,028	3,495	3,766	3.6	3.2	3.4
503		Pix2	10	16	26	14,617	10,749	12,236	16.0	12.5	13.8
503		Pix3	8	12	20	6,461	12,623	10,158	7.4	14.0	11.4
503		Pix4	18	20	38	45,310	52,038	48,851	48.6	65.6	57.5
504	Major Urinary Tract Procedures		525	504	1,029	6,260	5,921	6,094	5.6	5.7	5.6
504		Pix1	408	412	820	5,398	5,336	5,366	4.8	5.0	4.9
504		Pix2	66	51	117	8,411	7,485	8,007	7.3	7.2	7.3
504		Pix3	22	26	48	7,893	9,799	8,925	8.3	11.3	9.9
504		Pix4	28	14	42	18,666	21,007	19,446	15.0	17.9	15.9
505	Reconstructive Urological Procedures		21	22	43	6,168	6,270	6,220	7.0	6.1	6.5
505		Pix1	17	18	35	4,962	5,146	5,057	6.1	5.5	5.8
505		Pix2	2	1	5	7,987	4,761	5,806	8.0	8.0	8.0
505		Pix3	1	2	3	15,774	7,732	10,413	12.0	7.0	8.7
505		Pix4	1	2	2	13,419		9,855	14.0		14.0
506	Open Prostatectomy		17	24	41	3,569	2,848	3,147	2.6	2.6	2.6
506		Pix1	15	20	35	3,449	2,575	2,950	2.3	1.9	2.0
506		Pix2	2	3	5	4,470	3,142	3,673	5.0	5.7	5.4
506		Pix3	1	1	3	14,487	8,776		22.0	22.0	
506		Pix4			1	4,154					
507	Vascular And Other Urinary Procedures		36	42	78	9,805	7,863	8,759	8.4	7.3	7.8
507		Pix1	21	30	51	4,263	6,081	5,332	4.2	4.4	4.3
507		Pix2		6	6	11,354	11,354		13.8	13.8	
507		Pix3	3	4	7	18,276	11,608	14,466	22.3	15.8	18.6
507		Pix4	14	3	17	37,374	81,302	45,126	29.5	56.7	34.3
508	Minor Upper Urinary Tract Procedures		239	179	418	5,489	5,752	5,602	5.0	5.9	5.4



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
508		Plx1	195	149	344	4,719	4,957	4,822	4.1	5.0	4.5
508		Plx2	16	19	35	7,501	9,181	8,413	9.4	9.2	9.3
508		Plx3	20	5	25	8,429	13,827	9,509	8.6	18.2	10.5
508		Plx4	14	5	19	17,332	35,370	22,079	18.4	27.8	20.9
509	Minor Lower Urinary Tract Procedures		59	68	127	3,691	3,220	3,439	2.8	3.3	3.0
509		Plx1	55	61	116	3,485	2,928	3,192	2.7	2.9	2.8
509		Plx2	1	5	6	5,752	5,513	5,553	4.0	5.4	5.2
509		Plx3	2	2	5	5,961	6,367	6,921	5.0	9.5	7.3
509		Plx4	1		2	8,463		6,250	3.0		3.0
510	Transurethral Prostatectomy		543	493	1,036	2,440	2,321	2,383	2.7	3.1	2.9
510		Plx1	512	452	964	2,321	2,162	2,246	2.5	2.7	2.6
510		Plx2	10	15	25	4,132	3,731	3,892	6.8	4.9	5.7
510		Plx3	8	5	13	5,131	5,878	5,418	9.6	9.4	9.5
510		Plx4	4	2	6	11,997	11,881	11,958	16.3	21.5	18.0
512	Other Transurethral Or Biopsy Procedures (MNRH)		813	810	1,623	2,056	1,820	1,938	1.9	1.9	1.9
512		Plx1	782	796	1,578	2,016	1,800	1,907	1.9	1.9	1.9
512		Plx2	22	15	37	3,102	4,243	3,564	3.5	5.9	4.5
512		Plx3	10	9	19	5,661	5,712	5,685	6.3	9.4	7.8
512		Plx4	7		7	7,783		7,783	9.0		9.0
514	Miscellaneous Urinary Tract Procedures (MNRH)		15	7	22	2,563	11,030	5,257	2.3	2.1	2.2
514		Plx1	15	7	22	2,563	11,030	5,257	2.3	2.1	2.2
514		Plx2			1			2,733			
514		Plx3			1			1,419			
514		Plx4									
520	Renal Failure With Dialysis		190	141	331	12,326	11,695	12,009	14.5	15.7	15.0
520		Plx1	59	48	107	6,713	7,325	6,988	9.4	10.3	9.8
520		Plx2	33	38	71	8,901	8,530	8,703	11.2	11.7	11.4
520		Plx3	37	26	63	12,269	15,580	13,635	16.6	20.7	18.3
520		Plx4	63	29	92	20,676	20,795	20,714	21.9	27.1	23.6
521	Renal Failure Without Dialysis		328	223	551	4,748	4,888	4,805	7.8	7.3	7.6



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	
521		Pix1	134	138	272		3,366	3,541	3,455		5.5	5.6	5.5	
521		Pix2	91	37	128		4,487	5,895	4,836		7.9	8.4	8.0	
521		Pix3	66	36	102		6,125	7,413	6,580		10.8	11.0	10.8	
521		Pix4	48	12	60		13,146	12,501	13,017		19.1	16.3	18.6	
522	Urinary Neoplasm		93	92	185		4,843	5,628	5,233		7.6	9.3	8.5	
522		Pix1	40	46	86		2,734	3,280	3,026		4.4	5.8	5.2	
522		Pix2	29	22	51		5,028	6,651	5,728		8.1	11.4	9.5	
522		Pix3	17	14	31		7,421	8,310	7,823		13.5	13.1	13.3	
522		Pix4	9	6	15		12,150	8,199	10,569		17.0	7.8	13.3	
524	Nephrotic Syndrome		39	39	78		3,833	4,264	4,048		5.3	5.4	5.3	
524		Pix1	22	21	43		2,693	2,959	2,823		3.8	3.7	3.8	
524		Pix2	7	10	17		4,331	3,856	4,051		6.4	6.7	6.6	
524		Pix3	6	6	12		4,184	5,293	4,739		5.5	6.5	6.0	
524		Pix4	3	2	5		6,908	17,898	11,304		9.0	15.5	11.6	
525	Nephropathy Without Nephrotic Syndrome		52	36	88		3,152	2,577	2,917		3.7	3.2	3.5	
525		Pix1	28	24	52		1,746	1,938	1,835		2.2	2.4	2.3	
525		Pix2	5	4	9		1,716	2,691	2,149		3.0	4.3	3.6	
525		Pix3	12	8	20		4,627	4,435	4,550		5.3	5.0	5.2	
525		Pix4	8	1	9		7,826	37,138	11,083		9.1	23.0	10.7	
526	Miscellaneous Nephrological Diagnosis		17	13	30		3,520	3,961	3,711		4.6	4.9	4.7	
526		Pix1	10	8	18		2,862	2,496	2,699		4.3	3.5	3.9	
526		Pix2	3	2	5		5,377	3,745	4,724		4.7	4.5	4.6	
526		Pix3	3	2	5		3,889	8,096	5,572		5.7	7.0	6.2	
526		Pix4	1	1	2		3,418	15,548	9,483		4.0	16.0	10.0	
527	Upper Urinary Tract Infection		402	273	675		2,320	2,482	2,386		4.1	4.1	4.1	
527		Pix1	331	234	565		2,122	2,217	2,162		3.7	3.8	3.8	
527		Pix2	28	15	43		2,941	3,907	3,278		5.5	6.5	5.8	
527		Pix3	36	20	56		3,567	3,791	3,647		6.2	5.5	5.9	
527		Pix4	14	5	19		5,778	6,456	5,956		9.3	6.4	8.5	
529	Lower Urinary Tract Infection		526	396	922		2,943	3,081	3,002		5.1	5.3	5.2	

## Schedule 2 -- Inpatient Yearly Comparisons

CHQ Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
529		Plx1	351	299	650	2,506	2,690	2,591	4.3	4.7	4.5
529		Plx2	95	58	153	3,598	3,432	3,535	6.5	5.8	6.2
529		Plx3	58	25	83	3,878	4,607	4,098	6.6	6.7	6.6
529		Plx4	30	10	40	9,595	12,613	10,350	13.5	15.3	13.9
532	Urinary Retention And Other Functional Disorders Of Bladder		60	43	103	1,626	1,855	1,722	3.1	3.7	3.4
532		Plx1	51	38	89	1,561	1,667	1,606	2.8	3.3	3.0
532		Plx2	7	5	12	1,764	5,252	3,217	4.7	10.0	6.9
532		Plx3	2	1	5	2,801	3,819	2,936	5.0	10.0	6.7
532		Plx4	1		5	9,468		7,471	19.0		19.0
534	Miscellaneous Urological Diagnoses (MNRH)		86	84	170	2,631	2,347	2,491	3.6	3.7	3.6
534		Plx1	66	73	139	1,963	2,263	2,121	3.0	3.6	3.3
534		Plx2	7	3	10	4,776	3,041	4,255	4.0	5.0	4.3
534		Plx3	12	8	20	5,341	3,707	4,687	7.8	5.5	6.9
534		Plx4	2	1	5	5,577	2,998	4,386	6.5	5.0	6.0
535	Hematuria (MNRH)		50	58	108	1,522	1,649	1,590	3.1	3.2	3.1
535		Plx1	40	50	90	1,419	1,406	1,412	2.9	2.9	2.9
535		Plx2	9	6	15	1,880	2,703	2,209	3.8	4.7	4.1
535		Plx3	1	2	5	2,443	4,561	3,465	6.0	6.5	6.3
535		Plx4	1		2	7,493		5,286	17.0		17.0
536	Urinary Obstruction (MNRH)		616	632	1,248	1,479	1,531	1,505	2.0	2.1	2.1
536		Plx1	578	596	1,174	1,426	1,473	1,450	1.9	2.0	2.0
536		Plx2	26	27	53	2,748	2,668	2,707	4.6	3.8	4.2
536		Plx3	21	14	35	3,496	3,435	3,472	5.3	4.5	5.0
536		Plx4	2	3	5	5,651	6,729	6,298	10.5	15.7	13.6
538	Admission For Dialysis (MNRH)		7		7	1,853		1,853	1.7		1.7
538		Plx1									
538		Plx2	6		6	1,126		1,126	1.0		1.0
538		Plx3	1		1	6,215		6,215	6.0		6.0
538		Plx4									
550	Major Pelvic And Retroperitoneum Procedures		1		3	6,132		3,385	5.0		5.0



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
550		Plx1	1		2	6,132		4,072	5.0		5.0
550		Plx2									
550		Plx3									
550		Plx4									
551	Penis Procedures		44	37	81	3,482	2,893	3,213	2.9	2.3	2.6
551		Plx1	39	36	75	3,320	2,808	3,075	2.7	2.2	2.5
551		Plx2	4	1	5	4,223	5,940	4,567	4.0	5.0	4.2
551		Plx3	1		1	6,795		6,795	6.0		6.0
551		Plx4			3			17,919			
552	Testes Procedures		66	80	146	1,804	1,873	1,842	1.5	1.8	1.6
552		Plx1	66	79	145	1,804	1,858	1,833	1.5	1.7	1.6
552		Plx2	1	5	6	14,158	5,897	7,274	21.0	8.8	10.8
552		Plx3	1		2	9,687		8,536	9.0		9.0
552		Plx4		1	3	14,959		7,431	23.0		23.0
554	Miscellaneous Male Reproductive System Procedures (MNRH)		54	48	102	1,512	1,359	1,440	1.0	1.0	1.0
554		Plx1	53	48	101	1,476	1,359	1,420	1.0	1.0	1.0
554		Plx2	1		3	3,421		2,752	1.0		1.0
554		Plx3	1		3	26,622		10,795	25.0		25.0
554		Plx4			1			37,520			
555	Circumcision (MNRH)		2	1	5	1,561	958	1,436	1.0	1.0	1.0
555		Plx1	2	1	5	1,561	958	1,460	1.0	1.0	1.0
555		Plx2			1			1,256			
555		Plx3									
555		Plx4									
560	Malignancy Of Male Reproductive Organ		2	2	5	2,920	3,189	2,936	4.5	5.0	4.8
560		Plx1	2	2	5	2,920	3,189	2,936	4.5	5.0	4.8
560		Plx2									
560		Plx3									
560		Plx4									
561	Male Reproductive System Inflammation		42	41	83	2,758	2,036	2,401	5.3	3.8	4.6

## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
561		Pix1	34	38	72	2,159	1,825	1,983	4.5	3.5	3.9
561		Pix2	4	1	5	5,591	7,080	5,889	8.5	14.0	9.6
561		Pix3	2	1	5	4,122	1,966	3,347	6.0	4.0	5.3
561		Pix4		1	2		5,080	3,470	4.0	4.0	4.0
562	Other Male Reproductive System Diagnoses		6	7	13	1,303	3,504	2,488	2.3	3.4	2.9
562		Pix1	6	7	13	1,303	3,504	2,488	2.3	3.4	2.9
562		Pix2			2			2,815			
562		Pix3									
562		Pix4									
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		3	6	9	1,313	1,373	1,353	1.0	1.0	1.0
563		Pix1	3	6	9	1,313	1,373	1,353	1.0	1.0	1.0
563		Pix2			1			1,674			
563		Pix3									
563		Pix4									
575	PWS - Pelvic Exenteration		2	2	5	47,306	25,009	31,497	41.5	28.5	35.0
575		Pix1		1	1		21,399	21,399	28.0	28.0	28.0
575		Pix2		1	3		28,619	21,925	29.0	29.0	29.0
575		Pix3									
575		Pix4	2		2	47,306		47,306	41.5		41.5
576	PWS - Radical Hysterectomy And Vulvectomy		51	61	112	7,217	7,097	7,152	7.5	7.1	7.3
576		Pix1	23	40	63	6,183	6,893	6,507	6.2	6.6	6.4
576		Pix2	11	15	26	7,271	7,453	7,376	7.6	7.3	7.5
576		Pix3	16	7	23	9,402	10,467	9,726	10.3	12.1	10.8
576		Pix4	4	1	5	9,146	9,288	9,174	9.8	13.0	10.4
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		66	63	129	7,323	8,154	7,729	8.4	8.3	8.4
577		Pix1	36	31	67	5,648	5,378	5,523	6.2	5.3	5.8
577		Pix2	17	9	26	9,051	9,776	9,302	10.5	11.2	10.8
577		Pix3	11	14	25	9,483	9,476	9,479	11.4	9.1	10.1
577		Pix4	7	12	19	24,138	19,156	20,992	27.6	19.2	22.3
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		125	113	238	4,273	4,061	4,172	4.3	4.2	4.3



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost		Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
578		Plx1	90	91	181		3,613	3,573	3,593	3.6	3.6	3.6
578		Plx2	15	13	28		5,164	6,567	5,816	5.9	6.9	6.4
578		Plx3	15	2	17		7,872	6,217	7,678	7.7	7.0	7.6
578		Plx4	4	4	8		12,661	13,505	13,083	12.0	14.3	13.1
579	Major Uterine And Adnexal Procedures Without Malignancy											
579		Plx1	2,385	1,495	3,880		3,045	3,172	3,094	3.1	3.2	3.1
579		Plx2	2,226	1,421	3,647		3,010	3,134	3,058	3.1	3.2	3.1
579		Plx3	185	109	294		4,348	5,096	4,625	4.8	5.4	5.0
579		Plx4	83	43	126		5,758	5,699	5,738	6.2	6.0	6.1
579		Plx4	39	10	49		8,163	6,802	7,866	8.4	7.6	8.3
581	Reconstructive Gynecological Procedures											
581		Plx1	529	409	938		3,338	3,092	3,231	3.4	3.6	3.5
581		Plx2	461	379	840		3,131	2,926	3,038	3.1	3.4	3.3
581		Plx3	51	23	74		4,820	5,053	4,892	5.2	5.5	5.3
581		Plx4	22	7	29		6,289	6,976	6,455	6.9	6.4	6.8
581		Plx4	7	2	9		8,608	6,948	8,239	10.9	6.5	9.9
582	Other Gynecological Procedures											
582		Plx1	65	43	108		2,974	2,505	2,788	3.1	2.7	2.9
582		Plx2	60	40	100		2,724	2,375	2,585	2.9	2.5	2.7
582		Plx3	6	2	8		6,659	10,198	7,543	7.5	10.5	8.3
582		Plx4	1	1	5		4,384	4,813	4,813	5.0	5.0	5.0
582		Plx4	1	4	5		13,124	16,275	15,645	12.0	23.8	21.4
583	Radio-Implant For Malignancy											
583		Plx1	34	31	65		3,899	2,737	3,345	2.1	2.3	2.2
583		Plx2	34	31	65		3,899	2,737	3,345	2.1	2.3	2.2
583		Plx3	1									
583		Plx4	1	3	3		8,980		4,704	10.0		10.0
584	Vagina, Cervix And Vulva Procedures											
584		Plx1	54	40	94		2,228	2,220	2,224	2.2	2.0	2.1
584		Plx2	52	38	90		2,207	2,113	2,167	2.2	1.9	2.0
584		Plx3	3	2	5		4,341	4,253	4,306	5.7	4.5	5.2
584		Plx4			2				2,714			
584		Plx4										
585	Gynecological Laparoscopy (MNRH)											
585		Plx1	81	34	115		1,945	1,819	1,908	2.1	2.0	2.1



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost				Average LOS of Costed Cases			
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	
585		Plx1	81	34	115		1,945	1,819	1,908		2.1	2.0	2.1	
585		Plx2			4				1,637					
585		Plx3			3				1,529					
585		Plx4	1		1		6,949		6,949		9.0		9.0	
586	Tubal Interruption (MNRH)		7	3	10		2,367	2,228	2,325		1.4	2.0	1.6	
586		Plx1	7	3	10		2,367	2,228	2,325		1.4	2.0	1.6	
586		Plx2												
586		Plx3												
586		Plx4												
587	Miscellaneous Gynecological Procedures (MNRH)		141	78	219		1,200	1,274	1,227		1.3	1.2	1.3	
587		Plx1	140	78	218		1,190	1,274	1,220		1.3	1.2	1.3	
587		Plx2		1	5			6,757	2,259		11.0	11.0	11.0	
587		Plx3			5				6,717					
587		Plx4	1		1		2,638		2,638		3.0		3.0	
592	Malignancy Of Female Reproductive Organ		52	30	82		5,955	5,871	5,925		10.6	7.3	9.4	
592		Plx1	30	21	51		4,194	4,288	4,233		7.4	5.3	6.5	
592		Plx2	11	5	16		6,232	7,435	6,608		11.8	10.0	11.3	
592		Plx3	4	2	6		9,831	8,084	9,249		18.8	7.0	14.8	
592		Plx4	8	2	10		12,352	16,373	13,156		20.6	21.5	20.8	
594	Female Reproductive System Infection		53	29	82		1,618	2,008	1,756		3.1	3.4	3.2	
594		Plx1	52	28	80		1,588	1,988	1,728		3.1	3.4	3.2	
594		Plx2	1	1	4		3,203	2,571	3,065		6.0	5.0	5.5	
594		Plx3			2				694					
594		Plx4												
595	Other Female Reproductive System Diagnoses And Injuries		39	22	61		1,356	1,072	1,254		2.5	2.0	2.3	
595		Plx1	37	22	59		1,289	1,072	1,208		2.4	2.0	2.2	
595		Plx2	2		4		2,599		2,433		4.5		4.5	
595		Plx3												
595		Plx4												
596	Miscellaneous Gynecological Diagnoses (MNRH)		149	98	247		1,336	1,370	1,350		2.1	2.0	2.1	



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pik Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
596		Pix1	139	90	229	1,244	1,283	1,259	2.0	1.9	2.0
596		Pix2	6	8	14	1,776	2,294	2,072	2.8	3.6	3.3
596		Pix3	2	1	5	2,347	4,800	2,491	4.0	7.0	5.0
596		Pix4	2		5	5,430		5,532	6.0		6.0
599	Premature Labour		145	144	289	2,651	2,752	2,701	3.5	4.1	3.8
599		Pix9	145	144	289	2,651	2,752	2,701	3.5	4.1	3.8
600	Major Procedures In Pregnancy Or Childbirth		45	24	69	8,839	9,859	9,194	6.7	7.4	6.9
600		Pix9	45	24	69	8,839	9,859	9,194	6.7	7.4	6.9
601	Repeat Caesarean Delivery With Complicating Diagnosis		426	156	582	3,234	3,422	3,285	3.5	3.4	3.4
601		Pix9	426	156	582	3,234	3,422	3,285	3.5	3.4	3.4
602	Caesarean Delivery With Complicating Diagnosis		1,016	617	1,633	3,713	3,947	3,801	4.1	4.1	4.1
602		Pix9	1,016	617	1,633	3,713	3,947	3,801	4.1	4.1	4.1
603	Repeat Caesarean Delivery		510	376	886	2,747	2,965	2,839	3.0	3.0	3.0
603		Pix9	510	376	886	2,747	2,965	2,839	3.0	3.0	3.0
604	Caesarean Delivery		972	801	1,773	3,103	3,289	3,187	3.5	3.5	3.5
604		Pix9	972	801	1,773	3,103	3,289	3,187	3.5	3.5	3.5
605	Fetal Surgery		1	1	3	2,871	2,052	1,984	3.0	3.0	3.0
605		Pix9	1	1	3	2,871	2,052	1,984	3.0	3.0	3.0
606	Vaginal Delivery With Sterilization Procedures		65	84	149	2,417	2,504	2,466	2.2	2.4	2.3
606		Pix9	65	84	149	2,417	2,504	2,466	2.2	2.4	2.3
607	Vaginal Delivery With Minor Procedures		63	54	117	2,595	2,250	2,436	2.5	2.2	2.4
607		Pix9	63	54	117	2,595	2,250	2,436	2.5	2.2	2.4
Vaginal Delivery After Caesarean (VBAC) With Complicating											
608	Diagnosis		238	90	328	2,139	2,313	2,186	2.2	2.3	2.2
608		Pix9	238	90	328	2,139	2,313	2,186	2.2	2.3	2.2
609	Vaginal Delivery With Complicating Diagnosis		4,605	2,754	7,359	2,001	2,200	2,076	2.2	2.3	2.2
609		Pix9	4,605	2,754	7,359	2,001	2,200	2,076	2.2	2.3	2.2
610	Vaginal Delivery After Caesarean Delivery (VBAC)		280	178	458	1,818	2,000	1,889	1.8	1.8	1.8
610		Pix9	280	178	458	1,818	2,000	1,889	1.8	1.8	1.8
611	Vaginal Delivery		5,735	4,413	10,148	1,588	1,831	1,694	1.7	1.8	1.8



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
611		Pix9	5,735	4,413	10,148	1,588	1,831	1,694	1.7	1.8	1.8
612	Ectopic Pregnancy With Major Procedures		101	72	173	2,720	2,584	2,663	2.6	2.5	2.6
612		Pix9	101	72	173	2,720	2,584	2,663	2.6	2.5	2.6
613	Ectopic Pregnancy With Minor Procedures		145	76	221	1,970	2,179	2,042	1.6	1.4	1.5
613		Pix9	145	76	221	1,970	2,179	2,042	1.6	1.4	1.5
614	Ectopic Pregnancy		14	10	24	720	801	754	1.0	1.0	1.0
614		Pix9	14	10	24	720	801	754	1.0	1.0	1.0
615	Threatened Abortion		32	16	48	1,103	1,191	1,132	1.6	1.6	1.6
615		Pix9	32	16	48	1,103	1,191	1,132	1.6	1.6	1.6
616	Abortive Outcome With Injection		5	3	8	3,358	1,810	2,778	1.0	1.0	1.0
616		Pix9	5	3	8	3,358	1,810	2,778	1.0	1.0	1.0
617	Abortive Outcome With D And C		494	408	902	863	857	860	1.0	1.0	1.0
617		Pix9	494	408	902	863	857	860	1.0	1.0	1.0
618	Abortive Outcome		105	47	152	850	859	853	1.3	1.1	1.2
618		Pix9	105	47	152	850	859	853	1.3	1.1	1.2
619	False Labour LOS < 3 Days (MNRH)		182	133	315	1,005	957	985	1.0	1.0	1.0
619		Pix9	182	133	315	1,005	957	985	1.0	1.0	1.0
620	Post-Partum Diagnosis With Procedures Other Than D And C		16	7	23	3,859	3,797	3,840	3.9	4.1	4.0
620		Pix9	16	7	23	3,859	3,797	3,840	3.9	4.1	4.0
621	Post-Partum Diagnosis With D And C		83	53	136	1,172	1,278	1,213	1.3	1.4	1.3
621		Pix9	83	53	136	1,172	1,278	1,213	1.3	1.4	1.3
622	Post-Partum Diagnosis		263	225	488	1,482	1,484	1,483	2.5	2.5	2.5
622		Pix9	263	225	488	1,482	1,484	1,483	2.5	2.5	2.5
623	Antepartum Diagnosis With Complicating Diagnosis		342	280	622	1,675	1,686	1,680	2.3	2.3	2.3
623		Pix9	342	280	622	1,675	1,686	1,680	2.3	2.3	2.3
624	Antepartum Diagnosis		321	188	509	1,362	1,427	1,386	1.8	1.6	1.7
624		Pix9	321	188	509	1,362	1,427	1,386	1.8	1.6	1.7
625	PWS - Neonates Weight < 750 Grams		36	41	77	69,033	78,147	73,886	31.8	36.6	34.4
625		Pix9	36	41	77	69,033	78,147	73,886	31.8	36.6	34.4



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
626	PWS - Neonates Weight 750-999 Grams		79	60	139	57,027	63,960	60,019	30.9	38.1	34.0
626		Pix9	79	60	139	57,027	63,960	60,019	30.9	38.1	34.0
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		1	3	5	14,876	51,105	38,741	3.0	28.0	21.8
627		Pix9	1	3	5	14,876	51,105	38,741	3.0	28.0	21.8
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		197	124	321	26,123	34,737	29,451	23.6	27.5	25.1
628		Pix9	197	124	321	26,123	34,737	29,451	23.6	27.5	25.1
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		4	1	5	65,644	9,480	54,411	22.0	8.0	19.2
630		Pix9	4	1	5	65,644	9,480	54,411	22.0	8.0	19.2
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		98	84	182	20,905	23,825	22,253	18.7	18.3	18.5
631		Pix9	98	84	182	20,905	23,825	22,253	18.7	18.3	18.5
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		200	141	341	9,009	12,023	10,255	12.5	14.1	13.2
632		Pix9	200	141	341	9,009	12,023	10,255	12.5	14.1	13.2
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		1	1	5	11,806	12,838	17,316	19.0	9.0	14.0
636		Pix9	1	1	5	11,806	12,838	17,316	19.0	9.0	14.0
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		133	85	218	13,639	16,205	14,640	10.3	11.7	10.9
637		Pix9	133	85	218	13,639	16,205	14,640	10.3	11.7	10.9
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		155	109	264	7,505	8,856	8,063	8.8	7.9	8.4
638		Pix9	155	109	264	7,505	8,856	8,063	8.8	7.9	8.4
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		402	264	666	3,675	4,199	3,883	5.9	5.6	5.8
639		Pix9	402	264	666	3,675	4,199	3,883	5.9	5.6	5.8
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		132	63	195	955	1,001	970	1.9	1.9	1.9
640		Pix9	132	63	195	955	1,001	970	1.9	1.9	1.9
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		23	12	35	37,292	22,489	32,217	14.4	9.7	12.8
643		Pix9	23	12	35	37,292	22,489	32,217	14.4	9.7	12.8
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		402	388	790	8,953	9,209	9,079	5.7	6.4	6.0
644		Pix9	402	388	790	8,953	9,209	9,079	5.7	6.4	6.0
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		961	694	1,655	3,466	3,565	3,507	3.6	3.6	3.6
645		Pix9	961	694	1,655	3,466	3,565	3,507	3.6	3.6	3.6



## Schedule 2 -- Inpatient Yearly Comparisons

C/MG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
646	Neonates Weight > 2500 gm With Caesarian Delivery		2,314	1,489	3,803	1,476	1,465	1,472	3.1	3.1	3.1
646		Ptx9	2,314	1,489	3,803	1,476	1,465	1,472	3.1	3.1	3.1
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		1,273	1,020	2,293	1,806	1,941	1,866	2.5	2.7	2.6
647		Ptx9	1,273	1,020	2,293	1,806	1,941	1,866	2.5	2.7	2.6
648	Neonates Weight > 2500 gm (Normal Newborn)		9,372	6,343	15,715	786	795	790	1.6	1.6	1.6
648		Ptx9	9,372	6,343	15,715	786	795	790	1.6	1.6	1.6
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		78	80	158	68,502	75,473	72,032	39.4	43.0	41.2
650		Ptx1	4	1	5	20,883	13,463	19,399	16.0	13.0	15.4
650		Ptx2	3	1	5	16,498	36,642	24,628	17.0	17.0	17.0
650		Ptx3	4	1	5	29,445	15,753	26,707	28.0	8.0	24.0
650		Ptx4	67	76	143	76,006	78,022	77,077	42.5	44.1	43.4
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		1	1	5	45,249	17,843	28,549	34.0	7.0	20.5
651		Ptx9	1	1	5	45,249	17,843	29,054	34.0	7.0	20.5
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		3	4	7	34,423	47,053	41,640	29.0	35.0	32.4
652		Ptx9	3	4	7	34,423	47,053	41,640	29.0	35.0	32.4
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		22	7	29	27,636	34,359	29,259	14.6	18.0	15.4
653		Ptx9	22	7	29	27,636	34,359	29,259	14.6	18.0	15.4
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		6	10	16	19,303	29,059	25,400	10.3	15.0	13.3
654		Ptx9	6	10	16	19,303	29,059	25,400	10.3	15.0	13.3
655	PWS - Spinal Procedures With Femur Procedures For Trauma		8	7	15	25,449	31,113	28,092	16.1	19.0	17.5
655		Ptx9	8	7	15	25,449	31,113	28,092	16.1	19.0	17.5
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		3	4	7	43,961	24,369	32,766	19.7	17.0	18.1
656		Ptx9	3	4	7	43,961	24,369	32,766	19.7	17.0	18.1
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		8	13	21	22,190	23,304	22,880	18.5	15.6	16.7
657		Ptx9	8	13	21	22,190	23,304	22,880	18.5	15.6	16.7



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plk Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	76	64	140	19,313	22,375	20,713	14.8	15.6	15.2
658		Pix9	76	64	140	19,313	22,375	20,713	14.8	15.6	15.2
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity										
659	Proc For Trauma	Pix9	14	12	26	22,015	31,617	26,447	15.8	19.8	17.7
659		Pix9	14	12	26	22,015	31,617	26,447	15.8	19.8	17.7
660	PWS - Intracranial Procedures For Trauma		155	138	293	16,120	14,968	15,577	8.6	8.6	8.6
660		Pix1	73	70	143	7,426	7,728	7,574	5.2	5.3	5.2
660		Pix2	22	18	40	13,196	12,854	13,042	10.1	8.7	9.5
660		Pix3	11	12	23	12,074	14,787	13,489	6.9	9.8	8.4
660		Pix4	45	41	86	33,628	31,821	32,767	12.8	16.5	14.5
661	PWS - Spinal Procedures For Trauma		101	127	228	14,906	14,169	14,496	10.0	10.1	10.1
661		Pix1	61	88	149	10,234	10,596	10,448	7.8	8.4	8.2
661		Pix2	22	20	42	18,268	16,816	17,577	13.3	11.3	12.4
661		Pix3	10	9	19	19,443	18,371	18,935	12.9	11.7	12.3
661		Pix4	12	14	26	42,225	45,201	43,828	22.5	26.1	24.5
662	Femur Or Pelvic Procedures For Trauma		952	841	1,793	7,422	7,080	7,262	8.7	8.4	8.5
662		Pix1	655	645	1,300	6,192	6,114	6,153	7.0	7.2	7.1
662		Pix2	164	100	264	9,018	8,546	8,839	11.3	10.7	11.1
662		Pix3	82	58	140	11,907	12,339	12,086	16.6	14.8	15.9
662		Pix4	71	43	114	18,745	17,420	18,245	22.4	19.5	21.3
663	Thoraco-Abdominal Procedures For Trauma		113	91	204	9,741	11,906	10,707	7.5	8.3	7.8
663		Pix1	60	45	105	7,071	7,659	7,323	6.2	6.6	6.4
663		Pix2	21	22	43	7,982	10,962	9,507	7.5	8.6	8.1
663		Pix3	18	8	26	14,305	10,435	13,114	9.9	8.5	9.5
663		Pix4	17	19	36	21,167	39,508	30,847	13.5	17.9	15.8
664	Wound Debridement And Skin Graft For Trauma		470	361	831	7,678	7,447	7,578	6.5	6.2	6.4
664		Pix1	355	275	630	5,566	5,211	5,411	4.8	4.4	4.7
664		Pix2	71	57	128	11,356	12,297	11,775	10.1	10.4	10.2
664		Pix3	24	18	42	15,881	16,932	16,331	14.1	14.5	14.3
664		Pix4	22	17	39	29,420	41,244	34,574	21.2	28.1	24.2



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
665	PWS - Elevated Skull Fractures		19	18	37		8,229	7,344	7,799	5.7	5.0	5.4
665		Pix1	11	16	27		5,527	5,668	5,611	3.8	4.1	4.0
665		Pix2	7		7		10,810		10,810	8.3		8.3
665		Pix3		1	2		18,166		16,724		13.0	13.0
665		Pix4	1	1	3		19,890	23,339	19,299	8.0	12.0	10.0
666	Major Lower Extremity Procedures For Trauma		1,525	1,144	2,669		3,649	3,565	3,613	3.1	3.1	3.1
666		Pix1	1,460	1,096	2,556		3,534	3,470	3,507	3.0	3.0	3.0
666		Pix2	86	59	145		9,119	9,327	9,204	9.1	8.5	8.8
666		Pix3	31	17	48		14,595	8,852	12,561	12.4	9.3	11.3
666		Pix4	21	17	38		20,629	17,070	19,037	17.1	13.8	15.6
667	Minor Lower Extremity Procedures For Trauma		44	21	65		2,942	2,509	2,802	2.6	2.2	2.5
667		Pix1	43	21	64		2,909	2,509	2,778	2.6	2.2	2.5
667		Pix2	2	2	5		8,230	15,045	9,886	8.5	16.0	12.3
667		Pix3										
667		Pix4										
668	Miscellaneous Musculoskeletal Procedures For Trauma		264	229	493		4,680	4,827	4,748	3.8	3.7	3.7
668		Pix1	232	211	443		3,995	4,091	4,041	3.2	3.2	3.2
668		Pix2	14	7	21		8,093	12,675	9,621	6.3	8.7	7.1
668		Pix3	5	7	12		11,791	16,265	14,401	8.8	10.0	9.5
668		Pix4	3	2	5		17,100	22,271	19,168	9.0	12.0	10.2
669	Vascular Repair For Trauma		23	28	51		4,770	4,964	4,876	2.8	3.4	3.1
669		Pix1	20	27	47		4,321	4,445	4,392	2.6	3.0	2.8
669		Pix2	2		5		4,949		7,977	3.5		3.5
669		Pix3	1		2		13,394		9,937	6.0		6.0
669		Pix4	1	1	5		28,388	25,611	25,625	14.0	19.0	16.5
670	Upper Extremity Procedures For Trauma		1,050	889	1,939		2,817	2,615	2,725	2.1	2.0	2.0
670		Pix1	963	824	1,787		2,579	2,439	2,515	1.8	1.8	1.8
670		Pix2	41	39	80		6,343	5,003	5,690	5.9	4.7	5.3
670		Pix3	8	3	11		9,233	9,022	9,176	8.1	7.7	8.0
670		Pix4	5	4	9		13,653	25,159	18,766	13.6	19.8	16.3



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
674	PWS - Intracranial Injuries With Spinal Injuries	Pix9	21	16	37	12,435	8,462	10,717	8.6	5.7	7.4
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis	Pix9	9	7	16	15,145	13,338	14,354	6.3	7.9	7.0
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries	Pix9	23	21	44	13,995	14,612	14,290	7.6	11.1	9.3
677	Spinal Injuries With Fractures Of Femur	Pix9	25	21	46	6,428	7,221	6,790	11.2	9.9	10.6
678	Spinal Injuries With Thoraco-Abdominal Injuries	Pix9	41	27	68	7,033	11,164	8,673	7.7	9.3	8.3
679	Fractures Of Femur With Thoraco-Abdominal Injuries	Pix9	25	17	42	12,375	10,821	11,746	12.2	11.4	11.8
680	Femur Or Pelvic Fractures And Dislocations	Pix1	230	208	438	4,784	5,099	4,934	9.7	8.7	9.2
681	Frostbite	Pix1	163	151	314	3,894	4,237	4,059	7.7	7.4	7.6
682		Pix2	35	38	73	7,549	6,313	6,906	17.5	12.0	14.6
683		Pix3	19	8	27	6,894	8,523	7,377	11.7	15.8	12.9
684		Pix4	15	11	26	13,567	10,915	12,445	23.9	13.0	19.3
685		Pix1	6	2	8	10,671	10,365	10,595	13.8	13.5	13.8
686		Pix2	4	1	5	10,393	2,867	8,888	14.8	4.0	12.6
687		Pix3	1	1	2	7,267	17,862	12,565	11.0	23.0	17.0
688		Pix4	1		2	15,186		10,327	13.0		13.0
689	Spinal Injuries	Pix1	251	235	486	3,248	3,778	3,504	4.5	5.4	5.0
690		Pix2	219	204	423	2,986	3,490	3,229	4.3	5.2	4.7
691		Pix3	25	21	46	3,952	4,219	4,074	7.0	6.0	6.5
692		Pix4	6	8	14	7,999	9,012	8,578	14.3	10.5	12.1
693	Intracranial Injuries	Pix1	201	238	439	4,960	4,948	4,954	4.4	4.4	4.4
694		Pix2	148	180	328	3,400	3,383	3,391	3.4	3.6	3.5
695		Pix3	19	24	43	5,855	8,803	7,501	6.2	5.1	5.6



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pik Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
683		Pix3	19	14	33	9,340	7,820	8,695	7.3	8.9	8.0
683		Pix4	17	18	35	16,214	13,976	15,063	11.1	8.1	9.5
684	Fracture Of Humerus		72	48	120	3,370	3,731	3,514	6.3	6.3	6.3
684		Pix1	60	38	98	2,562	2,569	2,565	4.5	3.5	4.1
684		Pix2	8	5	13	9,495	7,925	8,691	19.9	15.2	18.1
684		Pix3	3	3	6	7,245	6,169	6,707	13.3	12.3	12.8
684		Pix4			3			6,267			
685	Hip And Thigh Injuries		40	39	79	2,634	3,330	2,978	5.3	6.6	5.9
685		Pix1	36	29	65	2,290	2,882	2,554	4.4	5.6	5.0
685		Pix2	1	4	5	3,155	3,468	3,406	8.0	7.5	7.6
685		Pix3	4	3	7	8,335	2,785	5,956	19.5	4.7	13.1
685		Pix4	1	1	4	22,481	2,845	7,738	64.0	5.0	34.5
686	Major Nerve Injuries		3	7	10	5,601	3,908	4,416	5.0	3.3	3.8
686		Pix1	3	5	8	5,601	3,434	4,246	5.0	2.8	3.6
686		Pix2		1	3		4,693	6,863		4.0	4.0
686		Pix3		1	1		5,495	5,495		5.0	5.0
686		Pix4		1	1		24,512	24,512		42.0	42.0
687	Thoraco-Abdominal Injuries		383	341	724	4,065	3,945	4,008	5.1	5.1	5.1
687		Pix1	294	293	587	3,484	3,369	3,426	4.4	4.5	4.5
687		Pix2	39	17	56	4,583	7,882	5,585	7.3	9.9	8.1
687		Pix3	38	22	60	6,603	8,008	7,118	7.8	9.9	8.6
687		Pix4	14	15	29	15,295	20,413	17,942	13.1	15.0	14.1
688	Weight Bearing Injuries		242	190	432	2,090	2,262	2,166	2.8	2.8	2.8
688		Pix1	223	178	401	1,893	2,040	1,959	2.5	2.5	2.5
688		Pix2	12	7	19	7,499	6,678	7,197	13.3	11.0	12.4
688		Pix3	7	4	11	3,663	5,318	4,265	4.1	5.5	4.6
688		Pix4	2		5	18,815		12,928	30.5		30.5
689	Genito-Urinary Injuries		53	45	98	2,430	1,875	2,175	3.4	2.8	3.1
689		Pix1	42	43	85	1,796	1,779	1,787	2.8	2.7	2.8
689		Pix2	8	1	9	4,113	4,605	4,168	5.3	5.0	5.2



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
689		Plx3	4		5	8,190		7,482	9.8		9.8
689		Plx4	1	1	2	21,674	3,301	12,488	23.0	5.0	14.0
690	Crushing Injuries And Contusions		135	75	210	1,955	2,168	2,031	2.8	2.9	2.9
690		Plx1	122	72	194	1,735	2,121	1,878	2.5	2.8	2.6
690		Plx2	9	3	12	5,274	3,476	4,824	7.8	8.3	7.9
690		Plx3	4	1	5	6,344	4,293	5,333	13.3	8.0	12.2
690		Plx4	5		5	5,651		5,651	8.0		8.0
691	Minor Lower Extremity Fractures		6	10	16	1,326	1,239	1,272	1.2	1.6	1.4
691		Plx1	6	10	16	1,326	1,239	1,272	1.2	1.6	1.4
691		Plx2			1			2,862			
691		Plx3									
691		Plx4									
692	Wounds		199	181	380	1,828	1,720	1,777	1.7	1.6	1.6
692		Plx1	191	177	368	1,822	1,710	1,768	1.7	1.6	1.6
692		Plx2	8	3	11	4,706	5,807	5,006	6.0	5.7	5.9
692		Plx3	6	3	9	3,210	5,981	4,133	4.7	5.0	4.8
692		Plx4		1	5	2,049	6,093		2.0	2.0	2.0
693	Amputations Or Vascular And Other Nerve Injuries		28	29	57	2,937	2,609	2,770	2.4	2.1	2.3
693		Plx1	27	26	53	3,003	2,584	2,798	2.5	1.9	2.2
693		Plx2		3	5		2,822	4,405	3.7	3.7	3.7
693		Plx3	1		2	1,147		2,898	1.0		1.0
693		Plx4									
694	Facial Injuries		163	143	306	2,337	2,466	2,397	2.2	2.1	2.1
694		Plx1	151	131	282	2,223	2,177	2,202	2.1	1.8	2.0
694		Plx2	5	2	7	5,082	4,222	4,836	6.0	8.0	6.6
694		Plx3	2	1	5	2,073	6,022	5,840	1.5	3.0	2.0
694		Plx4	1		2	2,823		2,420	2.0		2.0
695	Other Cranial Injuries		279	250	529	1,587	1,901	1,736	1.8	1.7	1.8
695		Plx1	260	222	482	1,432	1,731	1,569	1.7	1.7	1.7
695		Plx2	17	16	33	4,285	3,578	3,942	4.9	3.6	4.3



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
695		Plx3	13	17	30	4,175	3,017	3,519	3.8	2.7	3.2
695		Plx4	5	7	12	10,206	11,090	10,716	4.4	5.0	4.8
696	Upper Extremity Fractures		229	185	414	1,667	1,775	1,715	1.6	1.5	1.6
696		Plx1	222	181	403	1,644	1,741	1,688	1.6	1.5	1.5
696		Plx2	12	10	22	4,340	4,406	4,370	6.3	6.8	6.5
696		Plx3	3	2	5	4,542	5,501	4,926	9.7	4.0	7.4
696		Plx4	2	1	4	20,293	33,252	22,713	35.0	12.0	27.3
700	PWS - Bone Marrow Transplant		121	137	258	40,396	43,231	41,901	28.2	29.3	28.8
700		Plx1	7	2	9	21,537	34,772	24,478	16.6	28.0	19.1
700		Plx2	9	15	24	39,368	35,000	36,638	28.8	24.8	26.3
700		Plx3	9	14	23	26,850	31,912	29,931	19.4	23.1	21.7
700		Plx4	95	104	199	42,929	45,920	44,492	29.5	30.5	30.0
701	Splenectomy		42	42	84	6,850	6,684	6,767	5.0	5.5	5.3
701		Plx1	32	38	70	5,873	6,240	6,072	4.0	5.2	4.7
701		Plx2	3	3	6	4,886	7,336	6,111	3.0	6.7	4.8
701		Plx3	6		6	15,990		15,990	15.8		15.8
701		Plx4	2	1	5	17,454	21,590	16,467	11.5	13.0	12.0
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		61	69	130	4,324	5,036	4,702	3.9	4.7	4.3
703		Plx1	51	57	108	3,621	4,080	3,863	3.2	3.5	3.4
703		Plx2	5	6	11	7,749	8,450	8,131	5.8	6.7	6.2
703		Plx3	3	1	5	7,049	8,449	7,062	6.7	11.0	7.8
703		Plx4	2	5	7	19,635	27,463	25,226	14.5	28.8	24.7
704	Red Blood Cell Disorders		320	251	571	3,876	3,334	3,638	5.4	4.7	5.1
704		Plx1	193	177	370	3,376	2,983	3,188	4.6	4.5	4.5
704		Plx2	68	51	119	3,813	3,390	3,600	5.7	4.9	5.3
704		Plx3	45	17	62	5,072	5,229	5,115	6.9	7.3	7.0
704		Plx4	16	12	28	14,872	14,550	14,734	12.8	13.3	13.0
709	Coagulation Disorders		150	136	286	2,654	2,601	2,629	3.3	3.4	3.4
709		Plx1	103	105	208	2,203	2,403	2,304	2.7	3.2	2.9
709		Plx2	26	16	42	3,031	2,672	2,894	3.7	3.3	3.5



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
709		Ptx3	17	9	26		6,137	6,805	6,368	7.6	8.1	7.8
709		Ptx4	8	8	16		10,590	6,339	8,464	10.8	9.1	9.9
710	Reticuloendothelial And Immunity Disorders		261	178	439		4,500	4,133	4,351	5.1	4.8	5.0
710		Ptx1	142	126	268		3,588	3,705	3,705	4.5	4.4	4.4
710		Ptx2	24	28	52		5,137	6,568	5,907	6.7	8.5	7.7
710		Ptx3	71	22	93		4,851	3,481	4,827	5.1	4.8	5.0
710		Ptx4	30	6	36		11,263	8,440	10,793	9.8	6.8	9.3
725	Major Leukemia And Lymphoma Procedures		122	127	249		9,098	7,656	8,363	7.9	6.9	7.4
725		Ptx1	90	101	191		6,773	6,328	6,538	5.5	5.6	5.5
725		Ptx2	15	12	27		11,294	8,931	10,244	10.8	10.0	10.4
725		Ptx3	8	9	17		17,845	16,393	17,076	21.1	19.6	20.3
725		Ptx4	16	9	25		36,685	39,354	37,646	31.8	31.8	31.8
726	Acute Leukemia Without Major Procedures		166	240	406		17,664	13,158	15,000	16.9	11.4	13.7
726		Ptx1	52	116	168		6,324	5,131	5,500	6.5	4.2	4.9
726		Ptx2	13	21	34		14,514	8,942	11,072	19.2	9.3	13.1
726		Ptx3	21	31	52		14,558	10,806	12,321	14.7	10.4	12.1
726		Ptx4	79	65	144		34,737	31,330	33,199	28.2	25.3	26.9
728	Lymphoma And Chronic Leukemia With Other Procedures		105	98	203		9,737	10,709	10,206	11.0	11.0	11.0
728		Ptx1	66	60	126		5,639	6,036	5,828	6.2	6.1	6.1
728		Ptx2	12	14	26		9,879	11,815	10,921	14.7	18.6	16.8
728		Ptx3	7	11	18		15,590	16,080	15,890	16.7	16.7	16.7
728		Ptx4	18	15	33		34,799	27,391	31,432	30.4	27.5	29.1
730	Lymphoma And Chronic Leukemia		314	246	560		9,992	9,293	9,685	11.8	11.6	11.7
730		Ptx1	109	114	223		5,478	5,678	5,580	7.0	7.4	7.2
730		Ptx2	49	34	83		5,679	9,250	7,142	8.3	13.1	10.3
730		Ptx3	59	45	104		10,643	11,300	10,927	13.3	14.8	13.9
730		Ptx4	100	51	151		17,530	15,358	16,796	19.4	16.4	18.4
733	Major Ill-Defined Neoplasms Procedures		63	44	107		12,422	10,824	11,765	11.1	10.7	11.0
733		Ptx1	27	25	52		8,901	7,084	8,027	7.8	6.6	7.2
733		Ptx2	15	7	22		11,754	10,112	11,232	11.1	11.6	11.2



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plk Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
733		Plk3	10	6	16	15,690	15,600	15,656	15.5	17.5	16.3
733		Plk4	16	11	27	24,120	66,974	41,579	24.4	38.6	30.2
734	III-Defined Neoplasm With Other Procedures										
734		Plk1	48	36	84	10,533	9,617	10,141	11.4	10.4	11.0
734		Plk2	27	26	53	5,665	5,784	5,723	5.4	5.9	5.7
734		Plk3	5	2	7	9,811	12,316	10,527	15.6	17.5	16.1
734		Plk4	7	3	10	13,250	17,815	14,820	14.9	17.3	15.6
734		Plk4	8	3	11	24,460	30,680	26,157	23.5	25.7	24.1
735	PWS - Radiation Therapy										
735		Plk1	117	52	169	7,256	4,921	6,538	11.3	7.2	10.0
735		Plk2	57	44	101	5,928	4,441	5,281	9.1	6.5	7.9
735		Plk3	33	5	38	7,656	6,969	7,566	12.2	10.4	11.9
735		Plk4	16	3	19	8,405	8,546	8,427	15.4	12.7	14.9
735		Plk4	15		15	14,160		14,160	19.9		19.9
736	Chemotherapy										
736		Plk1	573	411	984	3,829	3,350	3,629	3.3	3.3	3.3
736		Plk2	491	397	888	3,608	3,318	3,478	3.2	3.3	3.2
736		Plk3	41	11	52	4,949	3,984	4,745	3.8	3.5	3.7
736		Plk4	38	9	47	6,474	12,076	7,546	6.3	15.1	8.0
736		Plk4	19	7	26	16,073	27,456	19,138	19.2	32.6	22.8
737	Other Poorly Differentiated Neoplastic Diagnoses										
737		Plk1	84	53	137	6,875	5,881	6,491	11.5	8.5	10.3
737		Plk2	37	29	66	4,577	5,471	4,970	8.5	7.6	8.1
737		Plk3	21	15	36	7,980	6,807	7,491	12.4	9.8	11.3
737		Plk4	14	7	21	8,251	6,180	7,561	16.3	11.0	14.5
737		Plk4	12	2	14	10,421	3,839	9,481	13.7	3.0	12.1
750	Multisystemic Or Unspecified Site Infections With Surgery										
750		Plk1	225	197	422	14,936	13,979	14,489	12.6	13.2	12.9
750		Plk2	107	104	211	6,440	6,807	6,621	7.9	7.9	7.9
750		Plk3	17	42		11,596	12,932	12,136	13.2	14.0	13.5
750		Plk4	37	23	60	13,840	12,292	13,246	14.3	15.5	14.8
750		Plk4	70	56	126	50,963	45,386	48,484	33.2	28.7	31.2
751	Septicemia										
751		Plk1	334	271	605	5,303	5,615	5,443	5.9	6.5	6.2
751		Plk2	162	125	287	3,378	3,531	3,445	4.8	5.5	5.1
751		Plk2	57	64	121	4,503	4,716	4,616	6.4	5.8	6.1



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
751		Ptx3	50	38	88	4,921	9,136	6,741	5.6	9.1	7.1
751		Ptx4	67	52	119	11,735	14,072	12,756	9.1	11.5	10.2
756	Post-Operative And Post-Traumatic Infections		286	216	502	3,235	3,439	3,322	5.3	5.5	5.4
756		Ptx1	205	161	366	2,634	2,830	2,720	4.7	5.0	4.8
756		Ptx2	44	30	74	4,743	5,583	5,083	7.0	8.0	7.4
756		Ptx3	26	19	45	4,091	3,415	3,806	6.3	5.4	5.9
756		Ptx4	19	8	27	12,584	12,588	12,585	12.8	12.1	12.6
757	Viral Illness		255	207	462	2,014	1,986	2,002	3.0	2.7	2.9
757		Ptx1	185	167	352	1,602	1,836	1,713	2.5	2.4	2.5
757		Ptx2	22	14	36	2,241	2,655	2,402	3.5	4.1	3.8
757		Ptx3	31	21	52	2,317	2,190	2,266	3.5	2.8	3.2
757		Ptx4	14	6	20	10,925	18,421	13,173	10.4	10.7	10.5
761	Fever Of Unknown Origin		165	118	283	2,371	2,431	2,396	3.4	3.2	3.3
761		Ptx1	129	96	225	2,210	2,154	2,186	3.3	2.9	3.1
761		Ptx2	20	12	32	2,727	4,078	3,234	4.3	4.4	4.3
761		Ptx3	16	9	25	4,746	3,594	4,331	6.3	4.3	5.6
761		Ptx4	7	2	9	7,343	4,276	6,661	11.1	6.5	10.1
763	Other Infectious Diagnoses		64	31	95	3,989	4,880	4,280	5.3	6.4	5.7
763		Ptx1	38	20	58	2,386	3,238	2,680	3.6	5.1	4.1
763		Ptx2	6	4	10	6,291	15,025	9,785	8.2	16.8	11.6
763		Ptx3	12	5	17	4,952	6,777	5,489	7.1	9.4	7.8
763		Ptx4	8	5	13	21,594	15,032	19,070	10.9	13.8	12.0
764	Depressive Mood Disorders With ECT		212	156	368	14,466	12,785	13,753	39.9	33.9	37.3
764		Ptx9	212	156	368	14,466	12,785	13,753	39.9	33.9	37.3
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		275	146	421	9,812	10,755	10,139	25.9	24.8	25.5
765		Ptx9	275	146	421	9,812	10,755	10,139	25.9	24.8	25.5
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		708	685	1,393	6,668	6,385	6,529	19.1	17.1	18.1
766		Ptx9	708	685	1,393	6,668	6,385	6,529	19.1	17.1	18.1
767	Depressive Mood Disorders LOS < 6 Days		204	148	352	1,281	1,469	1,360	3.0	3.0	3.0
767		Ptx9	204	148	352	1,281	1,469	1,360	3.0	3.0	3.0



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
768	Bipolar Mood Disorders, Manic With ECT		23	23	46	14,331	16,498	15,415	33.9	39.8	36.8
768		Ptx9	23	23	46	14,331	16,498	15,415	33.9	39.8	36.8
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		60	46	106	9,225	12,526	10,658	24.6	24.9	24.7
769		Ptx9	60	46	106	9,225	12,526	10,658	24.6	24.9	24.7
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III		415	328	743	7,829	7,573	7,716	21.1	18.4	19.9
770		Ptx9	415	328	743	7,829	7,573	7,716	21.1	18.4	19.9
771	Bipolar Mood Disorders LOS < 6 Days		41	51	92	1,224	1,540	1,399	3.0	3.4	3.2
771		Ptx9	41	51	92	1,224	1,540	1,399	3.0	3.4	3.2
772	Dementia With Or Without Delirium With Axis III Diagnosis		163	102	265	14,375	16,300	15,116	36.1	36.6	36.3
772		Ptx9	163	102	265	14,375	16,300	15,116	36.1	36.6	36.3
773	Dementia With Or Without Delirium Without Axis III Diagnosis		101	72	173	11,013	13,043	11,858	31.5	29.9	30.8
773		Ptx9	101	72	173	11,013	13,043	11,858	31.5	29.9	30.8
774	Organic Mental Disorders Induced By Drugs		107	77	184	4,164	4,701	4,389	10.6	9.5	10.1
774		Ptx9	107	77	184	4,164	4,701	4,389	10.6	9.5	10.1
775	Schizophrenia And Other Psychotic Disorders With ECT		22	23	45	18,235	22,993	20,667	44.8	46.6	45.7
775		Ptx9	22	23	45	18,235	22,993	20,667	44.8	46.6	45.7
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III		184	90	274	12,307	13,167	12,590	30.9	27.2	29.7
776		Ptx9	184	90	274	12,307	13,167	12,590	30.9	27.2	29.7
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III		730	615	1,345	8,717	9,287	8,977	24.1	21.8	23.1
777		Ptx9	730	615	1,345	8,717	9,287	8,977	24.1	21.8	23.1
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		101	95	196	1,461	1,526	1,493	3.3	3.3	3.3
778		Ptx9	101	95	196	1,461	1,526	1,493	3.3	3.3	3.3
779	Dissociative Disorders		43	47	90	3,075	3,737	3,421	6.6	7.4	7.0
779		Ptx9	43	47	90	3,075	3,737	3,421	6.6	7.4	7.0
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		96	46	142	5,578	5,734	5,629	9.0	8.1	8.7
780		Ptx9	96	46	142	5,578	5,734	5,629	9.0	8.1	8.7
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		70	73	143	2,228	2,419	2,326	4.4	4.8	4.6



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pik Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
781		Pix9	70	73	143	2,228	2,419	2,326	4.4	4.8	4.6
783	Psychoactive Substance Dependence		274	149	423	3,444	4,201	3,711	8.4	8.9	8.6
783		Pix9	274	149	423	3,444	4,201	3,711	8.4	8.9	8.6
784	Psychoactive Substance Abuse		103	62	165	2,102	2,715	2,332	5.6	5.8	5.7
784		Pix9	103	62	165	2,102	2,715	2,332	5.6	5.8	5.7
785	Developmental Delay		28	18	46	16,209	17,109	16,561	28.6	28.9	28.7
785		Pix9	28	18	46	16,209	17,109	16,561	28.6	28.9	28.7
786	Disruptive Behaviour Disorders		116	121	237	10,560	12,832	11,720	15.4	17.3	16.4
786		Pix9	116	121	237	10,560	12,832	11,720	15.4	17.3	16.4
787	Eating Disorders		79	82	161	16,485	16,311	16,396	33.8	31.3	32.5
787		Pix9	79	82	161	16,485	16,311	16,396	33.8	31.3	32.5
Organic Mental Disorders Associated W Physical Disorders W Axis III											
788	Diagnosis		228	114	342	12,239	14,504	12,994	26.8	29.2	27.6
788		Pix9	228	114	342	12,239	14,504	12,994	26.8	29.2	27.6
Organic Mental Disorders Associated W Physical Disorders W/O Axis											
789	III Diagnosis		166	123	289	8,330	7,512	7,982	20.9	15.9	18.8
789		Pix9	166	123	289	8,330	7,512	7,982	20.9	15.9	18.8
790	Somatoform Disorders		28	25	53	2,825	2,567	2,703	5.5	5.4	5.5
790		Pix9	28	25	53	2,825	2,567	2,703	5.5	5.4	5.5
791	Anxiety Disorders (MNRH)		88	58	146	4,225	4,467	4,321	9.3	10.6	9.8
791		Pix9	88	58	146	4,225	4,467	4,321	9.3	10.6	9.8
792	Adjustment Disorders (MNRH)		417	294	711	3,311	3,286	3,301	8.6	7.3	8.0
792		Pix9	417	294	711	3,311	3,286	3,301	8.6	7.3	8.0
793	Personality Disorders With Axis III Diagnosis (MNRH)		17	18	35	5,568	6,528	6,062	12.4	13.0	12.7
793		Pix9	17	18	35	5,568	6,528	6,062	12.4	13.0	12.7
794	Personality Disorders Without Axis III Diagnosis (MNRH)		70	82	152	3,332	3,637	3,496	8.4	8.7	8.6
794		Pix9	70	82	152	3,332	3,637	3,496	8.4	8.7	8.6
795	Sexual Dysfunction And Sexual Disorders (MNRH)		3	1	5	5,231	3,894	4,304	21.0	7.0	17.5
795		Pix9	3	1	5	5,231	3,894	4,304	21.0	7.0	17.5
796	Specific Developmental Disorders (MNRH)		4	3	7	4,728	9,824	6,912	6.0	13.0	9.0
796		Pix9	4	3	7	4,728	9,824	6,912	6.0	13.0	9.0



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
796		Pix9	4	3	7	4,728	9,824	6,912	6.0	13.0	9.0
797	Miscellaneous Psychiatric Diagnoses (MNRH)		21	17	38	8,615	5,368	7,162	14.3	10.9	12.8
797		Pix9	21	17	38	8,615	5,368	7,162	14.3	10.9	12.8
803	Extensive Procedures For Injury Or Complication Of Treatment		212	169	381	14,782	12,753	13,882	11.8	10.8	11.4
803		Pix1	108	104	212	10,149	9,027	9,599	8.3	8.1	8.2
803		Pix2	40	19	59	14,784	12,868	14,167	10.5	11.3	10.7
803		Pix3	28	16	44	17,996	9,504	14,908	15.8	9.3	13.4
803		Pix4	43	30	73	45,780	34,916	41,315	32.4	25.4	29.5
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		415	400	815	5,842	5,548	5,698	5.0	4.9	5.0
804		Pix1	296	319	615	3,840	4,364	4,112	3.2	3.4	3.3
804		Pix2	49	32	81	8,519	10,126	9,154	7.5	10.9	8.8
804		Pix3	34	25	59	8,721	7,848	8,351	8.6	8.3	8.5
804		Pix4	39	23	62	27,298	25,461	26,617	25.4	30.0	27.1
805	MNRH Procedures For Injury Or Complication Of Treatment		52	50	102	2,268	2,721	2,490	2.1	2.3	2.2
805		Pix1	48	48	96	2,090	2,194	2,142	1.9	2.1	2.0
805		Pix2	4		5	4,415		4,590	3.8		3.8
805		Pix3	1	1	5	8,196	4,765	3,812	8.0	7.0	7.5
805		Pix4	1	1	5	22,674	25,934	14,093	20.0	7.0	13.5
811	Allergic Reaction		41	38	79	1,504	1,818	1,655	1.8	1.7	1.8
811		Pix1	36	30	66	1,357	1,545	1,443	1.8	1.6	1.7
811		Pix2	3	4	7	3,033	3,221	3,140	3.3	3.5	3.4
811		Pix3	1	8	9	571	6,373	5,728	1.0	4.8	4.3
811		Pix4	4		4	13,309		13,309	10.8		10.8
813	Drug Reactions		601	405	1,006	2,023	2,150	2,074	2.3	2.4	2.3
813		Pix1	469	311	780	1,601	1,711	1,645	2.1	2.1	2.1
813		Pix2	35	43	78	2,601	4,086	3,420	3.5	4.4	4.0
813		Pix3	76	47	123	4,203	3,481	3,927	3.5	3.2	3.4
813		Pix4	55	25	80	8,721	13,223	10,128	7.3	8.5	7.7
818	Complications Of Treatment		803	650	1,453	3,300	3,447	3,366	4.3	4.5	4.4
818		Pix1	564	455	1,019	2,456	2,743	2,584	3.3	3.6	3.4



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
818		Ptx2	99	83	182		4,415	3,659	4,070	5.7	5.1	5.4
818		Ptx3	90	80	170		5,279	5,529	5,397	6.5	7.5	6.9
818		Ptx4	65	48	113		12,132	17,643	14,473	13.5	16.9	14.9
823	Minor Injuries And Trauma Diagnosis		132	108	240		2,161	2,377	2,258	1.9	2.1	2.0
823		Ptx1	115	97	212		1,696	1,911	1,794	1.8	1.9	1.8
823		Ptx2	4	6	10		2,117	4,204	3,369	4.0	3.8	3.9
823		Ptx3	7	2	9		3,942	3,537	3,852	2.1	5.0	2.8
823		Ptx4	9	6	15		13,498	16,557	14,722	5.9	6.3	6.1
PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures												
830		Ptx1	15	16	31		81,718	84,725	83,270	45.7	45.2	45.4
830		Ptx2	3	3	6		23,268	38,899	31,084	21.7	25.0	23.3
830		Ptx3	1	1	4		78,079	35,146	39,572	44.0	20.0	32.0
830		Ptx4	2	1	5		29,973	47,703	33,087	21.5	29.0	24.0
831	Extensive Burns Without Burn Procedures		9	10	19		113,105	109,988	111,464	59.2	55.8	57.4
831		Ptx1	2	5	7		1,476	2,740	2,379	2.5	1.2	1.6
831		Ptx2	2	4	6		1,476	1,830	1,712	2.5	1.0	1.5
831		Ptx3		1	2							
831		Ptx4			1		6,381	4,254	4,208	2.0	2.0	
Non-Extensive Burns With Skin Graft												
832		Ptx1	112	134	246		13,962	14,907	14,477	12.3	13.2	12.8
832		Ptx2	92	114	206		10,092	11,931	11,110	10.0	11.4	10.8
832		Ptx3	6	12	18		22,903	23,749	23,467	24.3	22.2	22.9
832		Ptx4	5	2	7		29,605	24,894	28,259	20.4	25.0	21.7
832		Ptx4	13	7	20		103,061	68,161	90,846	46.0	38.1	43.3
Non-Extensive Burns With Wound Debridement Or Other Burn Procedures												
833		Ptx1	11	14	25		7,506	10,889	9,400	11.6	12.6	12.2
833		Ptx2	9	12	21		7,225	8,820	8,137	12.0	13.1	12.6
833		Ptx3	1	1	2		13,348	5,867	9,607	14.0	8.0	11.0
833		Ptx4										
834	Non-Extensive Burns Without Burn Procedures		1	1	2		4,191	40,729	22,460	6.0	12.0	9.0
834		Ptx4	84	62	146		3,337	4,425	3,799	4.4	5.5	4.8



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptk Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
834	Pix1		79	52	131	3,210	4,304	3,644	4.2	5.5	4.7
834	Pix2		3	2	5	5,069	4,391	4,798	7.7	8.0	7.8
834	Pix3		2	7	9	5,753	4,439	4,731	7.0	4.0	4.7
834	Pix4		2	2	5	67,971	19,522	35,883	90.5	26.0	58.3
840	Other Admissions With Surgery		256	209	465	32,253	32,065	32,169	54.6	51.6	53.2
840	Pix1		87	78	165	8,588	6,399	7,553	12.9	10.5	11.8
840	Pix2		53	34	87	23,408	19,713	21,964	58.3	52.7	56.1
840	Pix3		29	28	57	30,496	42,455	36,371	64.5	82.5	73.3
840	Pix4		83	64	147	70,489	75,626	72,725	99.0	95.1	97.3
841	Rehabilitation		1,851	1,141	2,992	17,925	18,300	18,068	36.9	34.3	35.9
841	Pix1		776	658	1,434	13,927	14,943	14,393	29.2	28.7	29.0
841	Pix2		463	221	684	18,228	22,605	19,642	38.4	41.7	39.5
841	Pix3		317	136	453	21,157	22,723	21,627	44.6	43.3	44.2
841	Pix4		311	139	450	26,416	30,187	27,581	51.2	49.0	50.5
842	Signs And Symptoms		136	123	259	2,943	3,326	3,125	5.7	6.2	6.0
842	Pix1		101	96	197	2,580	2,863	2,718	4.8	5.7	5.3
842	Pix2		20	16	36	3,382	4,762	3,995	8.1	6.9	7.6
842	Pix3		13	10	23	5,800	5,466	5,655	11.5	11.7	11.6
842	Pix4		3	2	5	5,736	8,198	6,721	8.7	13.0	10.4
846	Aftercare Following Surgery Or Treatment		993	869	1,862	1,214	1,352	1,279	1.5	1.4	1.5
846	Pix1		950	841	1,791	1,145	1,267	1,202	1.4	1.3	1.4
846	Pix2		13	8	21	1,824	4,463	2,829	1.9	4.0	2.7
846	Pix3		7	2	9	7,694	4,467	6,977	11.0	3.0	9.2
846	Pix4		4	1	5	8,422	12,675	9,273	9.5	12.0	10.0
847	Other Specified Aftercare		296	220	516	5,217	4,928	5,094	10.0	9.5	9.8
847	Pix1		209	162	371	4,253	4,479	4,352	8.1	8.5	8.3
847	Pix2		44	40	84	6,507	5,885	6,211	12.6	12.5	12.6
847	Pix3		25	12	37	9,495	6,896	8,852	19.4	13.2	17.4
847	Pix4		18	6	24	7,309	6,746	7,169	13.5	8.5	12.3
849	Multiple Or Unspecified Congenital Anomalies		3	3	6	1,754	34,254	18,004	1.3	22.7	12.0



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
849		Plx1	1		5	931		1,834	1.0		1.0
849		Plx2	2		2	2,166		2,166	1.5		1.5
849		Plx3		1	1		12,789	12,789		17.0	17.0
849		Plx4		2	2		44,987	44,987		25.5	25.5
850	Perinatal Conditions Age > 28 Days		47	32	79	14,510	21,111	17,184	19.9	27.2	22.9
850		Plx1	31	22	53	12,871	17,613	14,839	18.1	23.2	20.2
850		Plx2	9	6	15	11,508	27,886	18,059	15.1	36.5	23.7
850		Plx3	5	2	7	26,371	19,890	24,519	37.8	29.0	35.3
850		Plx4	2	2	5	23,762	40,488	40,360	24.5	42.0	33.3
851	Other Factors Causing Hospitalization		189	97	286	3,542	3,931	3,674	8.4	7.6	8.1
851		Plx1	147	87	234	2,756	3,196	2,919	6.9	6.7	6.8
851		Plx2	26	5	31	6,711	5,340	6,490	12.0	15.8	12.6
851		Plx3	9	2	11	3,972	18,278	6,573	14.4	25.0	16.4
851		Plx4	6	4	10	6,949	16,768	10,873	22.3	19.5	21.2
852	Procedures Cancelled (MNRH)		357	419	776	520	530	526	1.0	1.0	1.0
852		Plx1	349	398	747	521	511	516	1.0	1.0	1.0
852		Plx2	6	14	20	497	1,119	932	1.0	1.0	1.0
852		Plx3	2	6	8	462	388	406	1.0	1.0	1.0
852		Plx4		1	2		780	613		1.0	1.0
860	Respiratory Tract Disorders With HIV		23	31	54	14,286	6,885	10,038	11.7	7.9	9.5
860		Plx9	23	31	54	14,286	6,885	10,038	11.7	7.9	9.5
861	CNS Infection With HIV		6	7	13	3,202	8,267	5,929	4.7	12.1	8.7
861		Plx9	6	7	13	3,202	8,267	5,929	4.7	12.1	8.7
862	GI And Hepatobiliary Disorders With HIV		5	10	15	6,384	5,017	5,472	11.0	7.5	8.7
862		Plx9	5	10	15	6,384	5,017	5,472	11.0	7.5	8.7
863	Ophthalmic Disorders With HIV		1	4	5	8,443	23,733	20,675	19.0	19.5	19.4
863		Plx9	1	4	5	8,443	23,733	20,675	19.0	19.5	19.4
864	Blood Infections With HIV		1	1	5	1,693	1,812	3,317	1.0	2.0	1.5
864		Plx9	1	1	5	1,693	1,812	3,886	1.0	2.0	1.5
865	Lymphoma With HIV		3	1	5	11,471	2,333	7,620	8.7	5.0	7.8



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Pik Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
865		Pik9	3	1	5	11,471	2,333	7,620	8.7	5.0	7.8
866	Psychosocial Conditions With HIV		10	4	14	5,564	5,472	5,538	9.6	7.8	9.1
866		Pik9	10	4	14	5,564	5,472	5,538	9.6	7.8	9.1
867	Other Conditions Associated With HIV		2	5	7	7,101	2,719	3,971	13.0	7.4	9.0
867		Pik9	2	5	7	7,101	2,719	3,971	13.0	7.4	9.0
868	Miscellaneous Conditions With HIV		21	11	32	4,008	5,581	4,549	5.2	6.6	5.7
868		Pik9	21	11	32	4,008	5,581	4,549	5.2	6.6	5.7
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		10	4	14	24,517	21,904	23,770	38.5	38.3	38.4
880		Pik1	1		5	21,561		15,647	60.0		60.0
880		Pik2	2	1	5	29,551	17,305	20,076	43.0	11.0	32.3
880		Pik3	2		4	24,292		23,696	31.0		31.0
880		Pik4	5	4	9	23,184	39,558	30,462	35.4	65.3	48.7
881	Amputation Of Lower Limb Except Toe		79	48	127	16,827	18,586	17,367	22.1	25.8	23.5
881		Pik1	24	13	37	10,226	10,589	10,354	15.3	15.2	15.3
881		Pik2	17	11	28	11,994	13,777	12,694	16.5	19.5	17.7
881		Pik3	9	11	20	10,249	23,305	17,429	14.9	33.3	25.0
881		Pik4	30	13	43	29,114	34,899	30,863	37.4	38.1	37.6
Wound Debridement Or Other Amputation With Major Vascular											
882	Surgery		17	2	19	19,358	42,961	21,842	20.0	60.5	24.3
882		Pik1	3		5	18,609		18,399	23.3		23.3
882		Pik2	2		5	13,142		14,934	19.0		19.0
882		Pik3	4		5	18,872		18,235	21.5		21.5
882		Pik4	8	2	10	21,436	42,961	25,741	18.3	60.5	26.7
883	Wound Debridement And Grafting Other Than Hand		66	44	110	11,510	10,669	11,174	17.9	16.9	17.5
883		Pik1	17	13	30	7,165	5,423	6,411	13.4	9.3	11.6
883		Pik2	26	14	40	8,947	10,630	9,536	14.5	14.4	14.5
883		Pik3	12	11	23	14,139	15,931	14,996	21.8	32.6	27.0
883		Pik4	13	7	20	30,807	12,881	24,533	41.4	20.1	34.0
884	Other Amputations Including Toe		15	6	21	6,997	7,023	7,004	10.1	11.2	10.4
884		Pik1	8	4	12	4,368	6,532	5,089	6.3	13.8	8.8



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases				Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
884		Ptx2	2	1	5		3,959	12,731	7,340	7.0	9.0	7.7
884		Ptx3	5	1	6		13,737	3,277	11,993	24.0	3.0	20.5
884		Ptx4	1	2	5		14,122	94,718	53,448	16.0	93.5	67.7
885	PWS - Aortic Replacement		132	19	151		14,313	14,702	14,362	11.4	8.2	11.0
885		Ptx1	34	6	40		8,023	11,139	8,491	6.9	7.2	7.0
885		Ptx2	27	1	28		9,933	8,041	9,866	10.1	6.0	9.9
885		Ptx3	19	7	26		14,575	9,635	13,245	14.5	8.9	13.0
885		Ptx4	48	6	54		22,872	27,682	23,406	14.8	12.5	14.6
887	Vascular Bypass Surgery		97	38	135		10,384	9,194	10,049	9.2	7.7	8.8
887		Ptx1	46	26	72		6,157	4,840	5,682	6.0	5.5	5.8
887		Ptx2	20	1	21		10,763	14,678	10,949	12.2	21.0	12.6
887		Ptx3	22	3	25		13,474	8,712	12,903	14.6	11.0	14.2
887		Ptx4	16	9	25		23,872	24,198	23,989	16.4	16.7	16.5
890	Other Thoraco-Abdominal Procedures		36	23	59		12,149	11,315	11,824	10.8	9.2	10.2
890		Ptx1	14	13	27		5,335	6,075	5,691	6.1	5.2	5.6
890		Ptx2	5	2	7		4,438	7,802	5,399	5.0	4.0	4.7
890		Ptx3	6	3	9		16,491	15,738	16,240	19.7	15.0	18.1
890		Ptx4	10	3	13		23,991	29,380	25,235	15.5	13.7	15.1
891	Vascular Repair		104	34	138		10,108	8,080	9,608	9.0	6.2	8.3
891		Ptx1	55	24	79		8,368	6,038	7,660	7.1	5.9	6.7
891		Ptx2	22	1	23		8,593	21,303	9,145	9.0	24.0	9.7
891		Ptx3	15	5	20		12,458	10,379	11,938	10.7	4.6	9.2
891		Ptx4	12	7	19		20,624	32,160	24,874	20.5	20.4	20.5
892	Other Vascular Procedures		38	14	52		6,422	5,010	6,042	5.1	3.3	4.6
892		Ptx1	24	10	34		5,833	3,471	5,138	4.1	1.1	3.2
892		Ptx2	5	3	8		7,161	8,237	7,564	5.6	7.7	6.4
892		Ptx3	3	1	5		7,884	29,750	11,966	7.0	24.0	11.3
892		Ptx4	4		4		6,862		6,862	4.3		4.3
893	Vein Ligation And Stripping (MHRH)		35	50	85		1,464	1,375	1,412	1.0	1.0	1.0
893		Ptx1	35	50	85		1,464	1,375	1,412	1.0	1.0	1.0



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
893		Plx2			3			1,621			
893		Plx3									
893		Plx4									
895	Deep Vein Thrombophlebitis		244	213	457	3,641	4,004	3,810	6.5	7.0	6.7
895		Plx1	146	143	289	2,919	3,480	3,197	5.6	6.1	5.9
895		Plx2	64	49	113	3,873	4,197	4,014	6.9	6.5	6.7
895		Plx3	22	12	34	6,141	6,404	6,234	9.8	12.2	10.6
895		Plx4	11	7	18	8,550	17,318	11,960	12.2	24.6	17.0
898	Peripheral Vascular Disease		182	75	257	3,318	3,473	3,363	5.1	4.7	5.0
898		Plx1	137	59	196	2,922	2,697	2,854	4.6	3.9	4.4
898		Plx2	28	10	38	3,738	5,520	4,207	6.3	5.1	5.9
898		Plx3	12	5	17	5,647	8,177	6,391	10.8	14.2	11.8
898		Plx4	8	3	11	9,099	18,987	11,796	11.8	19.0	13.7
900	Extensive Unrelated O.R. Procedures		137	104	241	23,477	18,828	21,471	22.7	16.0	19.8
900		Plx1	34	38	72	9,938	8,316	9,082	8.7	8.4	8.5
900		Plx2	18	15	33	19,202	12,198	16,018	19.7	10.1	15.4
900		Plx3	31	16	47	19,707	23,739	21,079	23.2	21.1	22.5
900		Plx4	53	40	93	37,610	43,764	40,257	32.6	33.8	33.1
901	Non-Extensive Unrelated O.R. Procedures		307	246	553	14,408	13,034	13,796	15.1	12.6	14.0
901		Plx1	152	136	288	6,346	6,613	6,473	5.9	6.8	6.3
901		Plx2	41	35	76	14,694	11,295	13,128	18.9	15.7	17.4
901		Plx3	39	28	67	13,786	15,014	14,299	21.2	19.3	20.4
901		Plx4	77	51	128	44,551	41,316	43,262	35.8	32.8	34.6
902	Post-Operative Complications With Unrelated O.R. Procedures		47	46	93	9,291	8,497	8,898	5.7	7.4	6.5
902		Plx1	34	28	62	4,101	4,245	4,166	2.9	3.1	3.0
902		Plx2	4	5	9	9,195	9,060	9,120	6.0	8.4	7.3
902		Plx3	3	5	8	9,587	12,429	11,363	13.3	13.4	13.4
902		Plx4	7	7	14	37,477	19,241	28,359	22.1	15.6	18.9
906	Unrelated O.R. Procedures (MNRH)		64	47	111	6,808	6,894	6,844	9.2	9.9	9.5
906		Plx1	45	29	74	4,594	5,127	4,803	6.2	7.4	6.7



## Schedule 2 -- Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
906		Ptx2	8	10	18	8,611	7,349	7,910	11.4	10.7	11.0
906		Ptx3	6	5	11	11,963	9,223	10,717	18.5	16.6	17.6
906		Ptx4	3	5	8	14,066	28,067	22,816	11.7	32.6	24.8
908	Other Major Procedures For Gynecological Malignancy		3	4	7	5,988	5,101	5,481	7.0	4.8	5.7
908		Ptx1	2	3	5	4,071	4,881	4,557	4.0	4.3	4.2
908		Ptx2		1	2		5,762	5,283		6.0	6.0
908		Ptx3		1	1		35,996	35,996		24.0	24.0
908		Ptx4									
909	Obsolete Psychiatric Diagnoses (MNRH)		156	135	291	3,282	3,374	3,325	9.3	8.5	9.0
909		Ptx9	156	135	291	3,282	3,374	3,325	9.3	8.5	9.0
910	Diagnosis Not Generally Hospitalized		211	91	302	2,117	3,538	2,545	1.4	1.2	1.3
910		Ptx9	211	91	302	2,117	3,538	2,545	1.4	1.2	1.3
912	Obstetric Codes Invalid As Most Responsible Diagnosis		1	1	5	4,302	1,150	1,736	4.0	1.0	2.5
912		Ptx9	1	1	5	4,302	1,150	2,141	4.0	1.0	2.5
997	Stillbirths				5			1,611			
997		Ptx9			5			3,007			
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		6	3	9	2,677	3,128	2,827	3.0	3.7	3.2
998		Ptx9	6	3	9	2,677	3,128	2,827	3.0	3.7	3.2
999	Ungroupable Data		12	6	18	1,644	1,609	1,632	1.7	1.8	1.7
999		Ptx9	12	6	18	1,644	1,609	1,632	1.7	1.8	1.7

### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Cost				
001	PWS - Craniotomy Procedures		2.068457	1,084	907	12,351	0.75	9,297	28	
001		Plx1	1.546307	720	619	9,796	0.61	5,944	21	
001		Plx2	2.099033	140	122	12,969	0.59	7,599	32	
001		Plx3	2.790379	78	71	17,287	0.61	10,563	42	
001		Plx4	5.910898	146	127	36,835	0.61	22,326	73	
003	PWS - Spinal Procedures		1.445543	180	124	8,580	0.57	4,926	20	
003		Plx1	1.167159	140	92	7,309	0.51	3,723	14	
003		Plx2	2.142428	22	18	13,113	0.49	6,467	31	
003		Plx3	2.421836	9	6	14,749	0.45	6,591	31	
003		Plx4	4.303606	9	7	26,236	0.55	14,554	105	
004	PWS - Extracranial Vascular Procedures		1.055175	465	239	5,881	0.50	2,940	11	
004		Plx1	0.879954	383	182	5,265	0.49	2,599	8	
004		Plx2	1.295945	29	19	7,211	0.59	4,245	21	
004		Plx3	1.859739	30	19	11,205	0.56	6,299	30	
004		Plx4	3.031984	23	15	17,152	0.74	12,768	39	
005	PWS - Ventricular Shunt Revision		0.824111	120	111	4,917	0.44	2,154	10	
005		Plx1	0.729839	109	100	4,639	0.38	1,778	7	
005		Plx2	1.378741	8	6	8,651	0.42	3,670	30	
005		Plx3	1.141563	2	2	6,747	0.45	3,057	13	
005		Plx4	1.799014	1	1	10,742	1.50	16,107	36	
006	Carpal Tunnel Release And Specified Nervous System Procedures		0.815880	134	69	4,629	0.70	3,263	13	
006		Plx1	0.751087	123	61	4,470	0.73	3,265	7	
006		Plx2	0.741770	5	3	4,153	0.59	2,444	42	
006		Plx3	2.427917	1	1	13,111	0.70	9,213	64	
006		Plx4	4.499578	5	4	27,579	1.45	39,989	134	
007	Peripheral, Cranial Nerve And Other Neurological Procedures		1.479861	88	72	8,524	1.22	10,427	43	
007		Plx1	0.914946	59	52	5,492	0.47	2,580	19	
007		Plx2	1.511921	12	8	8,816	0.59	5,231	44	
007		Plx3	2.230043	5	4	13,069	0.61	8,017	45	
007		Plx4	6.746780	12	9	40,901	0.87	35,454	158	



### Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2000/2001		Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Costed Cases				
010 Neoplasm Of Nervous System		0.986367	490	196	5,551	0.87	4,846	38	
010	Plx1	0.754106	305	124	4,483	0.89	4,000	29	
010	Plx2	1.139054	103	32	6,792	0.87	5,913	40	
010	Plx3	1.114755	44	22	6,423	0.71	4,542	47	
010	Plx4	1.934714	38	15	11,169	0.65	7,280	69	
011 Degenerative Nervous Disorders		1.628153	514	159	8,223	1.37	11,260	70	
011	Plx1	1.235672	387	111	6,713	0.89	5,989	58	
011	Plx2	1.807766	61	22	9,687	1.22	11,857	94	
011	Plx3	1.585931	43	18	8,930	1.24	11,077	92	
011	Plx4	6.318706	23	10	32,365	1.04	33,685	149	
012 Multiple Sclerosis And Cerebellar Disorders		0.854306	219	82	4,725	0.85	4,021	27	
012	Plx1	0.627034	179	65	3,715	0.73	2,700	21	
012	Plx2	1.729967	22	8	9,996	0.92	9,151	80	
012	Plx3	2.335888	11	6	11,608	0.59	6,834	98	
012	Plx4	2.322263	7	5	14,044	0.53	7,508	69	
013 Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1.248681	2,733	1,357	6,849	1.01	6,904	45	
013	Plx1	0.809717	1,688	759	4,810	0.83	3,998	30	
013	Plx2	1.586181	422	226	8,985	1.05	9,443	62	
013	Plx3	1.697130	380	229	9,835	0.87	8,514	68	
013	Plx4	3.126244	243	167	18,387	0.84	15,397	106	
014 Transient Ischemic Attacks And Precerebral Occlusions		0.649263	1,184	389	3,595	0.83	2,973	17	
014	Plx1	0.520431	991	300	3,037	0.72	2,187	14	
014	Plx2	0.998133	106	43	5,846	0.69	4,062	30	
014	Plx3	1.055645	52	31	6,309	0.84	5,330	34	
014	Plx4	2.599452	35	21	15,173	0.68	10,359	77	
015 Nonspecific Cerebrovascular Disorders		1.393306	114	38	7,863	1.40	11,000	32	
015	Plx1	0.877027	80	25	5,109	0.86	4,387	26	
015	Plx2	1.643762	14	4	10,046	0.97	9,698	43	
015	Plx3	1.940450	10	5	11,429	1.03	11,740	44	
015	Plx4	5.280797	10	6	33,812	0.80	26,889	72	



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SVRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
017	Cranial And Peripheral Nerve Diseases		0.836322	436	152	4,508	0.97	4,384	23
017		P1x1	0.621884	349	120	3,581	0.90	3,208	23
017		P1x2	1.167145	46	15	6,704	0.89	5,972	45
017		P1x3	1.513040	24	7	8,918	0.79	7,043	53
017		P1x4	4.116967	17	12	23,880	0.83	19,880	88
018	Viral Meningitis		0.366643	161	71	1,940	0.65	1,269	8
018		P1x1	0.344395	142	65	1,937	0.66	1,275	8
018		P1x2	0.886177	8	4	4,946	0.69	3,392	18
018		P1x3	0.479162	8	5	2,941	0.73	2,151	10
018		P1x4	0.593959	3	2	3,045	0.88	2,674	20
019	Infection Except Viral Meningitis		1.373596	237	131	7,645	0.81	6,191	28
019		P1x1	0.981179	153	79	5,813	0.76	4,420	24
019		P1x2	1.715433	27	14	10,170	0.69	6,977	34
019		P1x3	1.552107	28	22	9,073	0.64	5,773	42
019		P1x4	3.179701	29	21	18,950	0.70	13,321	46
020	Hypertensive Encephalopathy		1.356721	12	3	7,246	0.58	4,170	17
020		P1x1	1.115785	10	2	5,961	0.67	3,983	17
020		P1x2	0.947098	1		4,585	0.00	0	4
020		P1x3	2.329358			11,520	0.09	1,074	13
020		P1x4	1.689735	1	1	9,918	0.00	0	11
021	Non-Traumatic Stupor And Coma		0.708615	175	64	3,905	0.93	3,649	21
021		P1x1	0.540340	118	37	3,213	0.92	2,957	16
021		P1x2	1.047840	29	13	6,286	0.90	5,688	30
021		P1x3	0.965184	22	13	5,543	0.75	4,173	26
021		P1x4	1.179995	6	4	6,018	0.65	3,914	26
022	Seizure And Headache		0.455703	2,574	968	2,523	0.88	2,220	10
022		P1x1	0.362419	2,271	803	2,126	0.75	1,603	7
022		P1x2	0.518404	164	60	3,007	0.76	2,279	14
022		P1x3	0.707186	98	59	4,086	0.93	3,802	17
022		P1x4	2.034796	41	22	11,880	1.05	12,476	37



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
028	Other Nervous System Diagnoses		0.786810	492	210	4,346	1.11	4,844	26
028		Plx1	0.530076	356	149	3,088	1.01	3,105	22
028		Plx2	0.690853	47	23	3,942	1.01	3,976	29
028		Plx3	1.426911	42	14	8,327	0.59	4,946	32
028		Plx4	2.485220	47	24	15,132	1.03	15,658	51
040	Tracheostomy And Gastrostomy Procedures		10.611218	325	207	61,152	0.93	56,577	150
040		Plx1	3.026944	58	38	18,528	0.71	13,199	98
040		Plx2	5.243114	13	7	31,237	0.51	15,994	118
040		Plx3	4.632774	34	19	26,966	0.88	18,445	130
040		Plx4	13.509343	220	144	83,911	0.72	60,191	161
050	Orbital Procedures		0.460595	720	48	1,966	0.33	646	1
050		Plx1	0.417848	711	48	1,966	0.33	646	1
050		Plx2	0.654978	8	2	3,059	0.15	454	8
050		Plx3	1.005499	1	1	4,547	0.34	1,562	9
050		Plx4							17
051	Other Intraocular Procedures		0.639198	137	48	2,721	0.46	1,250	7
051		Plx1	0.582348	130	45	2,719	0.47	1,273	7
051		Plx2	0.826249	4	2	3,601	0.79	2,855	8
051		Plx3	0.791148	2	1	3,453	0.02	70	3
051		Plx4	1.122499	1					3
052	Retinal Procedures		0.510375	772	326	2,149	0.25	546	1
052		Plx1	0.458748	766	324	2,149	0.25	548	1
052		Plx2	0.478244	4	2	2,263	0.21	478	4
052		Plx3	1.259398	1	1	6,723	1.30	8,732	15
052		Plx4	0.815501	1		3,813	0.44	1,688	15
053	Iris And Lens Procedures		0.440686	21	5	1,992	0.84	1,680	4
053		Plx1	0.400520	21	5	1,996	0.90	1,796	4
053		Plx2							
053		Plx3	0.421823			1,966	0.00	0	2
053		Plx4							



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
054	Extraocular Procedures		0.383607	36	10	2,104	0.61	1,277	4
054		P1x1	0.354815	34	10	2,059	0.62	1,279	4
054		P1x2	0.485237	2		2,622	0.37	973	3
054		P1x3							
054		P1x4	3.956827			24,460	0.48	11,663	56
055	Lens Insertion (MNRH)		0.602674	149	41	2,560	0.26	656	1
055		P1x1	0.542194	144	40	2,554	0.26	658	1
055		P1x2	0.766201	4	2	3,870	0.33	1,259	7
055		P1x3	1.088618			5,206	0.51	2,660	9
055		P1x4	1.144287	1	1	6,620	0.00	0	2
057	Other Ophthalmic Procedures (MNRH)		0.300783	76	42	1,390	0.54	745	1
057		P1x1	0.273957	73	41	1,376	0.54	739	1
057		P1x2	0.581193	1	1	2,941	0.45	1,333	4
057		P1x3	1.172892	1	1	6,785	0.00	0	2
057		P1x4	2.383260	1	1	14,356	1.16	16,706	18
060	Major Eye Infections		0.472352	90	34	2,228	0.59	1,319	11
060		P1x1	0.433768	79	31	2,200	0.59	1,308	11
060		P1x2	0.689908	5	1	3,590	0.52	1,857	15
060		P1x3	1.757209	6	3	8,605	0.75	6,493	42
060		P1x4							8
062	HypHEMA		0.321138	19	5	1,561	0.68	1,062	9
062		P1x1	0.256590	17	4	1,250	0.59	737	7
062		P1x2	0.256590	1					3
062		P1x3	0.608757	1	1	3,247	0.08	251	6
062		P1x4							
063	Other Ophthalmic Diagnoses (MNRH)		0.494433	193	66	2,726	1.28	3,486	10
063		P1x1	0.417936	178	61	2,414	1.08	2,611	10
063		P1x2	1.431322	8	3	7,017	0.66	4,658	26
063		P1x3	1.031452	4	2	5,009	0.79	3,939	51
063		P1x4	2.607475	3	2	14,538	0.89	12,944	27



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2000/2001				Blended		Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Average Cost	Cost				
075	PWS - Radical Laryngectomy And Glossectomy		4.788754	21	18	27,668		0.50	13,715	50	
075		Pk1	3.518678	8	7	22,334		0.35	7,895	35	
075		Pk2	4.183195	5	4	24,419		0.34	8,396	37	
075		Pk3	5.540758	4	3	33,633		0.37	12,327	97	
075		Pk4	9.240331	4	4	60,199		0.62	37,488	155	
076	PWS - Major Head And Neck Procedures		3.385808	165	133	19,215		0.81	15,489	40	
076		Pk1	2.247729	110	88	13,531		0.83	11,268	27	
076		Pk2	4.060796	15	12	25,221		0.55	13,824	47	
076		Pk3	4.052399	14	14	25,375		0.40	10,264	42	
076		Pk4	6.236808	26	16	38,476		0.53	20,332	48	
077	Less Extensive Head And Neck Procedures		0.442953	288	175	2,179		0.77	1,679	4	
077		Pk1	0.404329	274	169	2,147		0.78	1,674	4	
077		Pk2	1.214654	8	8	7,422		0.93	6,868	13	
077		Pk3	1.593070	1	1	9,871		1.18	11,643	29	
077		Pk4	4.831250	5	4	29,284		0.66	19,250	53	
078	Cleft Lip And Palate Repair		0.498719	163	98	2,911		0.39	1,123	2	
078		Pk1	0.541628	161	123	3,287		0.41	1,350	4	
078		Pk2	0.661868	1	1	4,107		0.24	997	5	
078		Pk3	1.202061	1	1	6,033		0.38	2,278	7	
078		Pk4									
081	Salivary Gland Procedures		0.601421	161	68	3,020		0.42	1,254	4	
081		Pk1	0.550119	155	66	2,940		0.39	1,158	4	
081		Pk2	0.987950	3	2	5,302		0.37	1,988	5	
081		Pk3	0.943224	2		5,286		0.43	2,253	17	
081		Pk4	2.475751	1	1	14,322		0.00	0	14	
082	Minor Ear, Nose And Throat Procedures		0.337589	27	9	1,745		0.66	1,148	4	
082		Pk1	0.211901	25	6	1,193		0.31	364	1	
082		Pk2	0.398811	1	1	2,122		0.46	975	7	
082		Pk3								1	
082		Pk4	6.122637	1	1	35,420		0.00	0	10	



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001			Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Average Cost	Blended Average			
083	Reconstructive ENT Procedures		1.025620	413	231	4,663	0.46	2,137	7	
083		P1x1	0.925199	400	223	4,563	0.45	2,041	7	
083		P1x2	1.404239	11	8	7,074	0.24	1,687	8	
083		P1x3	1.765753	1	1	9,686	0.53	5,099	12	
083		P1x4	1.411669	1	1	6,612	0.00	0	7	
084	Miscellaneous Ear, Nose And Throat Procedures		0.409091	123	55	2,191	0.53	1,158	4	
084		P1x1	0.380234	119	54	2,170	0.52	1,133	4	
084		P1x2	1.622772	2	1	8,194	0.50	4,106	18	
084		P1x3	0.759853	1	1	4,980	0.00	0	3	
084		P1x4	5.878924	1	1	33,958	0.58	19,610	33	
085	Mastoid Procedures		1.855940	164	84	11,033	0.86	9,505	4	
085		P1x1	1.741318	158	81	11,060	0.86	9,520	4	
085		P1x2	1.181864	4	3	7,113	1.30	9,255	6	
085		P1x3	1.741318	1					12	
085		P1x4	5.137223	1	1	29,719	0.00	0	31	
086	Other Tonsillar Procedures		0.585569	60	32	3,008	1.13	3,403	10	
086		P1x1	0.437511	52	27	2,380	1.08	2,561	8	
086		P1x2	0.855187	7	3	4,082	0.68	2,757	7	
086		P1x3	1.159602	1	1	7,012	0.74	5,215	9	
086		P1x4							10	
087	Sinus Procedures		0.349488	136	38	1,647	0.38	628	1	
087		P1x1	0.326002	128	38	1,647	0.38	628	1	
087		P1x2	0.654778	5	1	3,072	0.28	853	9	
087		P1x3	3.239179	1	1	15,281	0.61	9,335	19	
087		P1x4	3.641814	2	2	17,863	0.58	10,406	27	
088	Ethmoidectomy (MNRH)		0.347351	117	27	1,508	0.43	646	1	
088		P1x1	0.322793	115	26	1,513	0.43	650	1	
088		P1x2	0.499956			2,420	0.00	0	4	
088		P1x3	0.567103	2	2	2,849	0.46	1,322	4	
088		P1x4							7	



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
089	Dental Extraction Or Restoration (MNRH)		0.387170	120	49	1,977	0.45	886	4
089		Pk1	0.357904	112	46	1,955	0.44	869	4
089		Pk2	0.346758	8	3	1,973	0.26	521	6
089		Pk3	1.127246			5,856	0.56	3,257	13
089		Pk4							2
090	External And Middle Ear Procedures (MNRH)		0.422225	150	16	2,031	0.45	907	1
090		Pk1	0.399558	149	16	2,031	0.45	907	1
090		Pk2	0.396723	1	1,921	0.00	0	1	1
090		Pk3							8
090		Pk4							
091	Nasal Procedures (MNRH)		0.332021	199	33	1,483	0.43	635	1
091		Pk1	0.307280	199	33	1,478	0.43	636	1
091		Pk2	0.298202			1,908	0.04	85	4
091		Pk3							
091		Pk4							
092	Myringotomy (MNRH)		0.735924	20	9	4,277	0.86	3,674	13
092		Pk1	0.389834	16	4	2,279	0.68	1,549	7
092		Pk2	0.846973	2	1	4,127	0.50	2,055	12
092		Pk3	0.635976	2	2	3,876	0.83	3,203	8
092		Pk4							10
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		0.373879	1,422	199	1,619	0.48	778	1
093		Pk1	0.351001	1,405	195	1,611	0.48	777	1
093		Pk2	0.517241	11	5	2,881	0.45	1,284	4
093		Pk3	1.389154	3	1	6,643	0.64	4,266	6
093		Pk4	2.655035	3	3	14,175	0.70	9,861	43
100	ENT Malignancy		0.811053	59	25	4,465	0.88	3,909	35
100		Pk1	0.455103	34	16	2,791	0.99	2,753	25
100		Pk2	1.496194	12	6	7,861	0.59	4,624	47
100		Pk3	1.327894	9	3	8,005	0.42	3,331	37
100		Pk4	3.786598	4	1	22,350	1.18	26,433	101



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
						Blended Average Cost	Blended Average Cost			
101	Acute Suppurative Infections		0.530893	101	34	2,822	0.71	2,016	11	
101		Pix1	0.486648	94	31	2,668	0.69	1,833	11	
101		Pix2	0.442085	4	0	2,273	0.13	293	8	
101		Pix3	0.779965	2	2	4,780	0.70	3,366	12	
101		Pix4	2.049852	1	1	9,738	1.19	11,548	48	
102	Dysequilibrium		0.378317	837	157	1,872	0.68	1,268	10	
102		Pix1	0.343594	789	148	1,820	0.67	1,228	10	
102		Pix2	0.824763	39	12	4,496	0.55	2,472	21	
102		Pix3	0.494634	7	2	2,648	0.87	2,316	17	
102		Pix4	0.407143	2		1,971	0.08	152	15	
104	Influenza		0.412988	1,031	205	2,119	1.02	2,154	10	
104		Pix1	0.349187	923	170	1,887	0.78	1,477	10	
104		Pix2	0.467610	65	16	2,691	0.99	2,669	17	
104		Pix3	0.451506	30	11	2,600	0.94	2,436	14	
104		Pix4	1.518865	13	9	8,959	0.72	6,493	24	
107	Epiglottitis		0.530752	35	22	2,809	0.82	2,300	7	
107		Pix1	0.457018	33	21	2,593	0.72	1,855	5	
107		Pix2	0.564568	1	1	2,705	0.05	143	8	
107		Pix3	0.697428	1					58	
107		Pix4	3.471922			14,214	0.00	0	9	
108	Epistaxis		0.330471	338	115	1,663	0.80	1,332	7	
108		Pix1	0.283185	307	104	1,539	0.64	992	7	
108		Pix2	0.884694	16	9	4,947	0.83	4,113	14	
108		Pix3	0.666961	8	5	3,614	1.12	4,061	12	
108		Pix4	1.010666	7	2	6,130	0.72	4,427	19	
109	Other ENT Infections		0.438555	461	114	2,107	0.89	1,883	10	
109		Pix1	0.364751	408	93	1,805	0.86	1,560	10	
109		Pix2	0.664381	27	12	3,701	0.70	2,586	14	
109		Pix3	0.373995	21	6	1,969	0.66	1,296	10	
109		Pix4	1.738245	5	5	9,755	0.57	5,555	22	



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2000/2001			Blended		Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Average Cost				
113	Sinusitis (MNRH)		0.377525	151	25	1,955	0.88	1,327	8	
113		Pk1	0.347616	138	22	1,893	0.70	1,326	8	
113		Pk2	0.432980	10	3	2,636	0.64	1,680	11	
113		Pk3	0.806881	1	1	4,262	0.65	2,760	17	
113		Pk4	0.445153	2		2,303	0.39	891	9	
114	Sore Throat (MNRH)		0.313677	992	173	1,566	0.97	1,521	7	
114		Pk1	0.270996	941	160	1,412	0.75	1,057	7	
114		Pk2	0.571991	26	8	3,307	1.01	3,326	8	
114		Pk3	0.381268	24	5	2,086	0.68	1,422	10	
114		Pk4	2.271567	1	1	10,478	0.82	8,598	15	
115	Miscellaneous ENT Diagnoses (MNRH)		0.322794	775	98	1,684	0.69	1,164	4	
115		Pk1	0.232973	728	53	1,221	0.82	999	1	
115		Pk2	0.729717	29	11	4,425	0.74	3,271	19	
115		Pk3	0.816912	11	8	5,046	0.67	3,389	17	
115		Pk4	2.366828	7	3	14,769	0.78	11,479	39	
116	Croup (MNRH)		0.274017	495	90	1,299	1.71	2,215	4	
116		Pk1	0.254394	484	85	1,288	1.75	2,251	4	
116		Pk2	0.372346	6	1	1,916	0.73	1,394	10	
116		Pk3	0.509275	4	4	2,123	0.63	1,330	7	
116		Pk4	0.380962	1	1	2,204	0.00	0	2	
125	Tracheostomy		16.236061	176	88	88,697	0.94	83,303	158	
125		Pk1	2.728445	9	8	15,369	0.76	11,749	58	
125		Pk2	9.471148	1		55,404	0.88	48,751	173	
125		Pk3	4.005774	3	3	23,880	0.60	14,286	122	
125		Pk4	16.216416	163	76	95,065	0.76	72,091	156	
126	PWS - Resection Of Lung		1.814731	241	135	10,570	0.63	6,637	21	
126		Pk1	1.435279	146	88	8,849	0.31	2,731	17	
126		Pk2	1.792011	45	24	10,508	0.31	3,244	25	
126		Pk3	2.009986	24	11	11,884	0.36	4,227	25	
126		Pk4	5.679490	26	15	35,772	0.81	28,974	55	



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2000/2001				Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Blended Average Cost			
127	Major Respiratory Procedures		1.721946	664	427	9,738	0.94	9,177	34
127		P1x1	1.075646	380	254	6,380	0.49	3,116	19
127		P1x2	1.605551	105	63	9,714	0.65	6,351	32
127		P1x3	2.046916	83	49	12,308	0.77	9,520	36
127		P1x4	6.144576	96	60	37,498	0.90	33,565	79
128	Minor Respiratory Procedures		1.115335	62	48	6,474	0.96	6,244	20
128		P1x1	0.750163	43	35	4,519	0.58	2,636	13
128		P1x2	0.883393	7	6	5,575	0.52	2,883	33
128		P1x3	2.317908	5	2	14,155	0.48	6,732	39
128		P1x4	6.682141	7	5	41,974	0.51	21,427	108
129	Other Respiratory Procedures		0.471654	246	176	2,748	0.44	1,217	7
129		P1x1	0.418233	198	154	2,522	0.34	853	4
129		P1x2	0.803997	16	8	4,781	0.69	3,276	32
129		P1x3	1.260494	13	9	7,302	0.78	5,698	38
129		P1x4	3.502626	19	11	21,162	0.65	13,655	83
135	Tuberculosis		1.768093	70	49	10,123	0.78	7,862	77
135		P1x1	1.495696	47	33	9,580	0.85	8,139	76
135		P1x2	1.546734	8	6	9,640	0.59	5,670	78
135		P1x3	1.676145	10	6	10,102	0.48	4,888	55
135		P1x4	3.266932	5	4	17,858	0.55	9,734	62
136	Respiratory Failure		2.635189	478	163	13,189	0.94	12,400	36
136		P1x1	1.288477	158	49	7,052	0.78	5,527	26
136		P1x2	1.623153	109	26	8,428	0.64	5,414	30
136		P1x3	1.982913	80	30	10,705	0.70	7,474	33
136		P1x4	4.766946	131	62	25,317	0.77	19,607	52
137	Respiratory Infections And Inflammations		1.529881	903	363	8,140	1.08	8,808	31
137		P1x1	0.897175	444	167	4,967	0.82	4,087	27
137		P1x2	1.204929	168	64	6,692	0.67	4,477	31
137		P1x3	1.597727	144	60	9,078	0.84	7,646	35
137		P1x4	3.273876	147	75	19,512	0.92	18,002	49



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
138	Respiratory Neoplasms		1.263312	1,198	396	6,674	0.87	5,821	37
138		Plx1	0.880098	519	155	4,953	0.74	3,681	27
138		Plx2	1.253039	363	115	6,900	0.74	5,112	40
138		Plx3	1.398441	191	74	7,973	0.71	5,621	44
138		Plx4	2.151299	125	54	12,327	0.98	12,126	54
139	Interstitial Disease		1.325444	291	109	6,976	1.11	7,713	30
139		Plx1	0.695404	151	52	4,082	0.85	3,475	21
139		Plx2	1.143714	59	19	6,561	0.71	4,671	30
139		Plx3	1.490280	63	31	8,387	0.86	7,199	39
139		Plx4	4.061420	18	9	21,990	0.61	13,511	75
140	Chronic Obstructive Pulmonary Disease (COPD)		0.862627	990	183	3,934	0.89	3,505	24
140		Plx1	0.632648	639	102	3,161	0.68	2,161	18
140		Plx2	0.885907	213	47	4,093	0.85	3,464	28
140		Plx3	1.259687	95	28	6,362	0.77	4,998	47
140		Plx4	2.894712	43	15	14,598	0.60	8,737	71
141	Pulmonary Edema		1.587268	165	63	8,473	1.38	11,717	23
141		Plx1	0.633546	82	26	3,538	0.73	2,593	17
141		Plx2	0.844818	44	16	4,889	0.97	4,722	23
141		Plx3	1.063489	17	7	5,227	0.79	4,140	29
141		Plx4	4.925340	22	15	29,072	0.76	22,229	48
142	Chronic Bronchitis		0.829496	3,378	1,069	3,954	0.91	3,604	21
142		Plx1	0.589576	2,244	644	2,970	0.67	1,989	18
142		Plx2	0.823539	693	256	4,211	0.68	2,858	25
142		Plx3	1.196214	295	111	6,468	0.71	4,597	32
142		Plx4	2.674770	146	78	14,862	1.00	14,926	51
143	Simple Pneumonia And Pleurisy		0.778050	8,790	2,530	3,844	1.09	4,178	18
143		Plx1	0.546951	6,558	1,741	2,817	0.74	2,086	14
143		Plx2	0.849579	1,212	392	4,461	0.78	3,487	25
143		Plx3	1.144222	605	233	6,233	0.80	4,979	31
143		Plx4	2.756659	415	210	16,008	1.01	16,157	51



## Schedule 3 -- Inpatient Statistical Background

2000/2001										
CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point	
144	Pneumothorax		0.591106	287	131	3,089	0.93	2,871	14	
144		Pix1	0.490829	235	113	2,744	0.81	2,229	14	
144		Pix2	0.963817	30	11	5,392	1.00	5,411	29	
144		Pix3	2.090557	14	6	12,270	0.83	10,146	65	
144		Pix4	2.381803	8	4	14,163	0.63	8,921	45	
145	Tracheobronchitis		0.508611	3,433	967	2,590	0.86	2,240	8	
145		Pix1	0.443970	3,019	839	2,380	0.77	1,844	8	
145		Pix2	0.822019	277	88	4,403	0.96	4,248	14	
145		Pix3	0.941559	91	52	5,385	0.76	4,084	20	
145		Pix4	5.344532	46	34	32,546	0.59	19,361	40	
146	Asthma		0.392203	3,405	1,176	1,934	1.04	2,019	10	
146		Pix1	0.335367	3,000	1,036	1,751	0.78	1,367	10	
146		Pix2	0.611768	310	116	3,170	0.89	2,821	17	
146		Pix3	0.763394	71	30	4,160	0.90	3,728	23	
146		Pix4	4.420630	24	8	23,862	0.55	13,074	50	
147	Other Respiratory Diagnoses		0.661953	1,453	415	3,537	1.16	4,114	16	
147		Pix1	0.464838	1,114	279	2,615	0.86	2,262	13	
147		Pix2	0.664823	196	76	3,725	0.82	3,047	20	
147		Pix3	1.067421	92	44	5,845	0.72	4,223	23	
147		Pix4	3.159179	51	25	18,921	1.04	19,598	57	
175	PWS - Heart Or Lung Transplant		11.280926	61	51	68,110	0.50	34,365	101	
175		Pix1	6.122637	6	6	40,348	0.22	8,924	39	
175		Pix2	6.535093	9	9	43,077	0.28	12,010	32	
175		Pix3	8.213782	9	8	54,180	0.30	16,431	60	
175		Pix4	16.349981	37	34	107,787	0.62	66,630	172	
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		6.053411	65	65	36,047	0.50	17,983	63	
176		Pix1	4.249316	8	8	26,996	0.28	7,485	47	
176		Pix2	4.390573	31	31	27,185	0.36	9,862	52	
176		Pix3	5.479047	13	13	33,567	0.32	10,803	60	
176		Pix4	8.497881	13	13	52,519	0.42	22,059	89	



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
								Average	Cost			
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		3.640271	462	432	21,770	0.53	11,609	29			
177		Pk1	2.597521	155	149	16,600	0.25	4,202	15			
177		Pk2	3.052790	130	121	19,157	0.33	6,256	19			
177		Pk3	3.825060	92	88	23,934	0.40	9,525	32			
177		Pk4	6.897233	85	79	43,009	0.58	24,947	65			
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		4.348362	327	313	25,894	0.52	13,387	48			
178		Pk1	3.255522	30	30	20,110	0.27	5,425	39			
178		Pk2	3.544577	137	136	22,118	0.39	8,051	42			
178		Pk3	4.109200	83	78	25,084	0.38	9,429	46			
178		Pk4	6.819774	77	75	42,058	0.54	22,754	73			
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		2.504417	1,344	1,287	14,997	0.43	6,517	21			
179		Pk1	1.949671	422	414	12,537	0.27	3,345	14			
179		Pk2	2.216654	580	554	13,995	0.30	4,134	18			
179		Pk3	2.826645	231	227	17,669	0.37	6,622	25			
179		Pk4	5.103323	111	104	32,215	0.56	17,902	49			
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		9.276797	23	22	55,612	1.01	56,355	65			
181		Pk1	2.558804	3	3	15,195	0.27	4,122	37			
181		Pk2	4.463865	6	6	27,928	0.38	10,562	51			
181		Pk3	5.885699	5	5	37,217	0.61	22,885	64			
181		Pk4	12.344959	9	8	81,426	0.84	68,358	74			
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		3.019268	225	209	18,139	0.56	10,217	23			
182		Pk1	2.115744	89	86	13,782	0.34	4,644	14			
182		Pk2	2.604798	64	62	16,805	0.40	6,679	15			
182		Pk3	3.127849	26	24	20,330	0.40	8,070	26			
182		Pk4	6.882210	46	39	44,803	0.79	35,176	51			
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		3.196496	83	67	19,157	0.71	13,539	45			
183		Pk1	1.947493	10	7	12,457	0.56	6,991	27			
183		Pk2	2.985102	17	15	18,834	0.61	11,582	34			
183		Pk3	1.791361	18	14	11,057	0.55	6,039	43			
183		Pk4	4.370827	38	31	27,602	0.66	18,098	70			



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		2,618,570	114	94	15,368	0.70	10,730	27
184		P1x1	1,690,380	36	27	10,399	0.54	5,634	22
184		P1x2	2,087,636	20	20	12,811	0.68	8,883	23
184		P1x3	2,238,862	22	19	13,644	0.56	7,662	27
184		P1x4	4,587,553	36	31	27,866	0.59	16,320	47
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		5,679,310	171	139	33,825	0.36	12,268	49
185		P1x1	4,898,877	63	48	30,667	0.27	8,292	38
185		P1x2	5,219,134	44	38	32,872	0.33	10,798	48
185		P1x3	6,008,870	35	30	36,941	0.37	13,500	47
185		P1x4	6,431,013	29	23	39,651	0.44	17,423	62
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		2,867,295	762	465	16,839	0.42	7,075	20
186		P1x1	2,545,348	533	333	15,430	0.38	5,833	16
186		P1x2	3,379,559	127	80	20,744	0.43	8,957	27
186		P1x3	3,654,895	71	48	22,357	0.36	8,081	41
186		P1x4	5,010,994	31	22	30,351	0.43	12,978	49
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1,709,863	1,231	846	10,137	0.45	4,530	18
188		P1x1	1,567,169	825	594	9,561	0.43	4,095	17
188		P1x2	1,790,003	243	164	10,863	0.42	4,567	19
188		P1x3	2,209,129	96	62	13,268	0.36	4,735	24
188		P1x4	3,366,322	67	40	20,676	0.58	11,981	53
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1,307,591	1,632	1,156	7,779	0.47	3,679	13
189		P1x1	1,108,631	494	373	6,750	0.46	3,113	1
189		P1x2	1,348,702	971	634	8,312	0.47	3,886	16
189		P1x3	1,997,308	124	69	12,515	0.51	6,349	33
189		P1x4	3,422,381	43	17	21,396	0.68	14,454	54
191	Temporary Cardiac Pacemaker		1,620,401	75	41	8,005	0.79	6,305	29
191		P1x1	1,095,913	26	14	5,635	0.58	3,261	20
191		P1x2	1,200,364	11	3	6,267	0.96	5,988	21
191		P1x3	1,324,446	11	7	6,749	0.70	4,723	28
191		P1x4	2,013,769	27	16	11,366	0.70	7,981	38



### Schedule 3 -- Inpatient Statistical Background

CIMG Code	Description	Complexity Level	SVRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
193	Cardiac Pacemaker Device Replacement Or Revision		1.536944	153	85	9,056	0.75	6,773	7
193		Pix1	1.440901	134	77	8,769	0.75	6,602	7
193		Pix2	2.543886	11	7	15,971	0.68	10,787	24
193		Pix3	1.884241	7	5	11,226	0.53	6,002	19
193		Pix4	2.474602	1	1	12,843	0.56	7,197	12
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		0.790639	209	172	4,677	0.60	2,810	7
194		Pix1	0.689339	163	134	4,254	0.49	2,080	4
194		Pix2	1.121502	24	19	6,938	0.67	4,644	19
194		Pix3	1.517293	9	7	9,033	0.71	6,401	35
194		Pix4	4.250537	13	9	27,145	0.60	16,199	66
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		1.419415	129	43	7,269	1.01	7,362	25
200		Pix1	0.656308	35	7	3,949	0.94	3,697	12
200		Pix2	1.383487	39	13	7,671	1.07	8,216	30
200		Pix3	1.158848	26	12	6,056	1.04	6,273	23
200		Pix4	2.575166	29	11	14,852	0.99	14,640	38
201	AMI With Cardiac Cath With Congestive Heart Failure		1.783712	101	40	10,368	0.61	6,355	32
201		Pix1	1.420811	70	25	8,583	0.39	3,323	29
201		Pix2	1.710624	14	7	10,361	0.39	3,993	33
201		Pix3	1.479456	8	5	8,889	0.48	4,298	30
201		Pix4	3.849175	9	3	23,505	0.44	10,431	32
202	AMI With Cardiac Cath With Ventricular Tachycardia		1.919334	34	10	10,922	1.00	10,975	29
202		Pix1	0.992558	23	7	5,636	0.43	2,443	25
202		Pix2	1.944442	5		9,576	0.00	13	19
202		Pix3	1.668824	4	2	7,494	0.29	2,174	29
202		Pix4	4.893113	2	1	29,549	0.42	12,465	26
203	AMI With Cardiac Cath With Angina		1.157348	54	20	6,253	0.63	3,909	30
203		Pix1	1.042000	40	14	5,782	0.57	3,279	24
203		Pix2	1.034162	12	5	5,447	0.48	2,608	34
203		Pix3	1.569337	1	1	8,303	0.40	3,292	34
203		Pix4	3.649986	1		22,563	0.17	3,753	51



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SVRV	Activity	2000/2001		Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		1.235268	346			138	6,378	0.67	4,645	21
204		Pix1	1.082553	307			119	6,374	0.52	3,306	21
204		Pix2	1.422628	15			8	9,047	0.34	3,097	28
204		Pix3	1.012907	14			4	5,866	0.23	1,357	31
204		Pix4	2.780980	10			7	17,578	0.70	12,356	35
205	AMI Without Cardiac Cath With Congestive Heart Failure		1.549868	535			203	7,330	0.65	4,797	31
205		Pix1	1.193527	329			112	5,896	0.62	3,677	25
205		Pix2	1.646293	91			39	8,432	0.68	5,716	32
205		Pix3	1.897621	63			30	9,575	0.72	6,887	47
205		Pix4	2.204592	52			23	12,339	0.60	7,457	43
206	AMI Without Cardiac Cath With Ventricular Tachycardia		1.135647	124			40	5,146	0.72	3,683	18
206		Pix1	0.949488	94			28	4,503	0.54	2,411	15
206		Pix2	0.803413	14			5	3,887	0.80	3,114	17
206		Pix3	1.329455	8			4	6,714	0.35	2,335	26
206		Pix4	2.022165	8			2	11,248	0.72	8,058	33
207	AMI Without Cardiac Cath With Angina		1.292750	157			50	5,304	1.12	5,963	21
207		Pix1	1.017605	142			45	4,638	0.61	2,818	21
207		Pix2	3.757156	9			3	15,851	1.23	19,436	37
207		Pix3	1.866436	3			1	8,972	0.35	3,170	29
207		Pix4	1.428652	3			1	5,956	0.63	3,752	61
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		0.969966	2,018			616	4,403	0.69	3,059	15
208		Pix1	0.861223	1,747			521	4,177	0.66	2,738	15
208		Pix2	0.984254	123			46	5,108	0.63	3,204	24
208		Pix3	1.186943	100			34	6,282	0.66	4,128	26
208		Pix4	1.856246	48			27	10,320	0.77	7,963	39
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		0.848974	34			7	4,457	0.83	3,712	23
210		Pix1	0.824140	30			6	4,793	0.80	3,819	22
210		Pix2	0.452132	2			1	1,763	0.00	0	9
210		Pix3	3.355472	1			1	22,300	0.00	0	82
210		Pix4	3.355472	1			1				19



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		0.916685	182	41	4,509	0.62	2,811	21
211		P1x1	0.829051	172	37	4,440	0.63	2,801	21
211		P1x2	1.113973	7	3	5,434	0.36	1,975	26
211		P1x3	1.687783	3	1	8,712	0.14	1,263	33
211		P1x4							7
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		0.748185	224	39	3,375	0.85	2,857	17
212		P1x1	0.650273	199	29	2,958	0.85	2,527	17
212		P1x2	0.725481	18	8	3,965	0.95	3,758	25
212		P1x3	0.895673	7	2	4,891	0.50	2,448	37
212		P1x4	1.002978			5,116	0.48	2,443	28
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		0.604506	1,486	321	2,559	0.75	1,909	11
213		P1x1	0.548972	1,417	302	2,521	0.74	1,869	11
213		P1x2	0.736634	56	17	3,552	0.67	2,382	20
213		P1x3	0.810818	9	3	4,401	0.69	3,054	21
213		P1x4	0.974229	4	1	5,083	0.89	4,510	23
215	Cardiac Cath With Congestive Heart Failure		2.056833	273	129	12,186	0.99	12,083	40
215		P1x1	1.323449	167	76	8,111	0.51	4,105	30
215		P1x2	2.349188	28	14	14,799	0.63	9,318	47
215		P1x3	2.672752	31	14	16,256	0.55	9,005	60
215		P1x4	4.481289	47	28	28,210	0.84	23,632	60
216	Cardiac Cath With Ventricular Tachycardia		1.336060	189	76	7,925	0.67	5,304	32
216		P1x1	1.129587	162	63	6,955	0.63	4,379	29
216		P1x2	1.707043	13	7	10,667	0.27	2,929	37
216		P1x3	2.005470	8	3	12,503	0.30	3,803	44
216		P1x4	2.661464	6	3	16,488	0.76	12,556	47
217	Cardiac Cath With Unstable Angina		0.951976	397	188	5,633	0.51	2,864	22
217		P1x1	0.880845	369	170	5,422	0.49	2,663	22
217		P1x2	1.210750	15	12	7,508	0.38	2,861	24
217		P1x3	1.268689	10	5	7,698	0.37	2,885	30
217		P1x4	2.739595	3	2	17,460	0.58	10,163	76



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SVRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
218	Cardiac Cath Without Specified Cardiac Conditions		0.746531	819	444	4,370	0.72	3,138	17
218		Pix1	0.684377	761	413	4,195	0.61	2,576	17
218		Pix2	0.902222	43	24	5,389	0.41	2,231	20
218		Pix3	1.184367	9	5	7,284	0.60	4,382	48
218		Pix4	3.901921	6	4	23,924	0.62	14,776	70
219	Endocarditis		2.094355	97	53	11,361	1.15	13,054	59
219		Pix1	1.082471	47	25	6,438	0.74	4,768	39
219		Pix2	1.748860	11	6	10,359	0.80	8,304	67
219		Pix3	2.203529	20	10	11,652	0.57	6,699	45
219		Pix4	3.865557	19	12	23,091	0.96	22,186	95
220	Pulmonary Embolism		0.864840	691	326	4,616	0.82	3,785	19
220		Pix1	0.675078	412	183	3,746	0.69	2,597	16
220		Pix2	0.850663	185	94	4,895	0.64	3,119	20
220		Pix3	1.222882	61	33	6,922	0.72	4,965	32
220		Pix4	2.122437	33	23	12,781	0.87	11,114	54
222	Heart Failure		0.982828	4,764	1,347	4,729	0.83	3,948	27
222		Pix1	0.721882	3,212	836	3,696	0.74	2,733	21
222		Pix2	1.098472	853	252	5,633	0.93	5,223	34
222		Pix3	1.425237	413	148	7,491	0.73	5,486	46
222		Pix4	2.313384	286	131	12,807	0.84	10,723	64
225	Hypertensive Heart Disease		0.885866	182	48	4,041	0.85	3,441	24
225		Pix1	0.723699	130	32	3,698	0.93	3,443	18
225		Pix2	0.920454	32	9	4,165	0.90	3,751	35
225		Pix3	2.272569	13	6	11,630	0.81	9,379	59
225		Pix4	1.592272	7	2	7,103	0.53	3,733	51
226	Other Circulatory Diagnoses		0.760673	954	390	3,987	0.94	3,745	20
226		Pix1	0.530738	663	252	2,944	0.78	2,296	16
226		Pix2	0.941570	159	77	5,201	0.75	3,912	24
226		Pix3	1.138903	98	52	6,312	0.72	4,572	37
226		Pix4	2.341184	34	19	13,950	0.91	12,683	52



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
229	Atherosclerosis (MNRH)		0.836313	1,723	910	3,836	0.65	2,500	20
229		Pix1	0.706980	1,349	743	3,529	0.58	2,047	17
229		Pix2	1.022745	251	114	5,129	0.76	3,320	24
229		Pix3	1.548199	85	45	7,829	0.66	5,138	43
229		Pix4	1.738510	38	16	8,815	0.93	8,171	43
232	Acquired Valvular Disorders (MNRH)		1.002034	127	51	4,554	1.23	5,583	27
232		Pix1	0.728505	70	31	3,597	0.72	2,596	26
232		Pix2	1.020302	39	12	5,858	0.91	5,303	23
232		Pix3	1.988388	16	6	8,665	1.77	15,348	56
232		Pix4	1.672579	2	1	7,990	0.80	6,366	52
233	Hypertension (MNRH)		0.533007	992	140	2,638	0.93	2,451	11
233		Pix1	0.429484	873	113	2,246	0.86	1,940	10
233		Pix2	0.691983	89	17	3,724	0.63	2,329	14
233		Pix3	1.250698	20	7	7,215	0.63	4,531	24
233		Pix4	2.602745	10	6	13,286	0.80	10,645	27
234	Congenital Cardiac Disorders (MNRH)		0.748343	42	15	4,143	1.30	5,393	22
234		Pix1	0.355136	24	8	1,966	0.89	1,753	13
234		Pix2	0.854997	12	4	5,169	1.15	5,949	22
234		Pix3	1.918519	4	2	11,758	0.69	8,101	27
234		Pix4	1.606759	2	1	7,399	0.63	4,627	46
235	Angina Pectoris		0.502031	1,115	156	2,173	0.63	1,365	10
235		Pix1	0.454956	995	142	2,154	0.63	1,352	10
235		Pix2	0.552948	102	12	2,400	0.75	1,789	14
235		Pix3	1.148535	15	6	6,082	0.73	4,460	39
235		Pix4	0.379439	3		1,837	0.00	0	48
237	Arrhythmia		0.650531	3,557	1,004	3,086	0.88	2,708	16
237		Pix1	0.513651	2,951	769	2,606	0.87	2,263	13
237		Pix2	0.809315	420	165	4,074	0.65	2,658	21
237		Pix3	1.270165	134	50	6,465	0.61	3,916	33
237		Pix4	2.135518	52	27	11,659	0.66	7,650	57



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended			Coefficient of Variation	Standard Deviation	Trim Point
						Average	Cost				
						2000/2001					
240	Syncope And Collapse		0.473761	833	280	2,312			0.76	1,760	13
240		Pix1	0.385340	751	229	2,013			0.71	1,423	10
240		Pix2	0.579212	53	29	2,997			0.63	1,890	18
240		Pix3	1.000162	22	11	5,546			0.77	4,292	33
240		Pix4	1.475597	7	4	8,473			0.93	7,874	52
242	Chest Pain		0.402966	3,646	1,168	1,915			0.64	1,218	7
242		Pix1	0.367368	3,374	1,066	1,874			0.64	1,204	7
242		Pix2	0.556129	229	108	2,810			0.58	1,621	13
242		Pix3	0.698104	39	11	3,679			0.47	1,724	17
242		Pix4	1.064504	4	2	6,012			0.76	4,566	29
250	Extensive Gastrointestinal Procedures		4.364230	61	38	25,305			0.74	18,757	47
250		Pix1	2.891047	19	13	17,563			0.41	7,192	26
250		Pix2	2.919048	14	9	17,617			0.22	3,918	24
250		Pix3	3.450373	10	5	19,598			0.25	4,932	43
250		Pix4	7.919002	18	11	49,837			0.71	35,267	91
251	Gastrostomy And Colostomy Procedures		3.193501	1,209	630	17,071			0.89	15,127	59
251		Pix1	1.722369	515	249	9,632			0.52	4,996	33
251		Pix2	2.231726	159	91	12,711			0.56	7,180	44
251		Pix3	2.869733	176	87	16,251			0.56	9,123	58
251		Pix4	6.365241	359	211	36,848			0.80	29,640	102
252	Major Esophageal, Stomach And Duodenum Procedures		2.540633	127	73	13,742			0.70	9,677	36
252		Pix1	1.681125	69	39	9,766			0.34	3,298	23
252		Pix2	2.193115	19	11	12,852			0.33	4,135	40
252		Pix3	3.371890	19	11	19,504			0.51	9,906	53
252		Pix4	5.909583	20	13	34,131			0.63	21,394	86
253	Major Intestinal And Rectal Procedures		1.745146	2,521	1,256	8,703			0.62	5,427	25
253		Pix1	1.356350	1,534	788	7,236			0.47	3,428	19
253		Pix2	1.729537	367	206	9,400			0.45	4,252	29
253		Pix3	2.051460	335	159	11,176			0.55	6,103	35
253		Pix4	4.200452	285	142	23,466			0.79	18,618	62



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2000/2001				Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Blended Average Cost			
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		1.202913	905	414	6,268	0.71	4,478	18
255		Pix1	0.945468	721	329	5,152	0.54	2,763	17
255		Pix2	1.418933	62	32	7,855	0.47	3,657	21
255		Pix3	2.087473	54	28	12,073	0.60	7,256	36
255		Pix4	4.016594	68	44	22,664	0.68	15,386	58
258	Laparotomy		1.284606	934	444	6,533	0.77	5,061	24
258		Pix1	0.986966	670	307	5,268	0.62	3,268	21
258		Pix2	1.470998	102	56	7,999	0.54	4,357	27
258		Pix3	1.621581	77	40	9,042	0.56	5,026	27
258		Pix4	3.347772	85	52	19,399	1.05	20,314	57
260	Less Extensive Intestinal And Rectal Procedures		0.924762	56	29	4,820	0.72	3,490	14
260		Pix1	0.831901	43	20	4,643	0.81	3,744	14
260		Pix2	1.019848	4	3	5,346	0.59	3,144	27
260		Pix3	1.051529	6	5	5,050	0.36	1,794	17
260		Pix4	2.703126	3	3	12,033	0.60	7,278	48
261	Complicated Appendectomy		0.850879	884	415	4,346	0.48	2,100	12
261		Pix1	0.734574	742	346	3,949	0.44	1,742	12
261		Pix2	1.084438	59	40	6,157	0.39	2,393	17
261		Pix3	1.360700	55	29	7,387	0.47	3,448	22
261		Pix4	2.065230	28	11	11,876	0.91	10,807	22
262	Simple Appendectomy		0.496557	2,335	1,010	2,476	0.44	1,099	5
262		Pix1	0.460353	2,230	959	2,429	0.42	1,014	5
262		Pix2	0.635617	61	39	3,470	0.42	1,462	10
262		Pix3	0.854227	37	23	4,755	0.67	3,166	12
262		Pix4	1.445088	7	4	7,028	0.68	4,801	24
264	Minor Gastrointestinal Procedures		0.707965	73	42	3,812	0.49	1,872	11
264		Pix1	0.629386	57	32	3,645	0.54	1,958	8
264		Pix2	1.047307	10	8	5,768	0.57	3,295	31
264		Pix3	1.041406	6	4	6,079	0.56	3,390	15
264		Pix4	1.497764			7,251	1.21	8,767	14



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	2000/2001			
						Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
265	Abdominal Laparoscopy		0.583347	131	64	2,717	0.58	1,581	10
265		P1x1	0.521370	127	64	2,569	0.55	1,406	10
265		P1x2	0.809350	3		3,952	0.72	2,834	15
265		P1x3	1.056053			5,324	0.26	1,410	13
265		P1x4	1.927160	1	1	10,579	0.70	7,443	42
266	Anus And Stomal Procedures (MNRH)		0.440814	1,054	337	2,036	0.66	1,341	7
266		P1x1	0.400574	965	309	1,973	0.65	1,281	7
266		P1x2	0.620930	67	27	3,357	0.63	2,114	14
266		P1x3	0.907331	15	8	5,052	0.78	3,920	26
266		P1x4	2.551198	7	2	13,946	1.22	16,953	49
269	Bilateral Hernia Procedures		0.542740	2,129	794	2,536	0.60	1,522	7
269		P1x1	0.446515	1,997	654	2,192	0.53	1,171	4
269		P1x2	0.849353	82	41	4,490	0.60	2,698	17
269		P1x3	1.276032	34	13	7,257	0.61	4,417	18
269		P1x4	1.636742	16	9	9,440	0.50	4,736	33
271	Unilateral Hernia Procedures (MNRH)		0.443887	767	158	2,090	0.57	1,183	4
271		P1x1	0.398182	736	154	2,026	0.48	967	4
271		P1x2	0.778175	15	4	4,025	0.39	1,573	12
271		P1x3	1.583484	9	2	8,036	0.55	4,457	15
271		P1x4	2.084920	7	4	10,756	0.32	3,412	33
279	Digestive System Malignancy		1.049008	767	239	5,446	0.87	4,755	33
279		P1x1	0.739723	452	119	3,999	0.71	2,820	27
279		P1x2	0.992705	192	67	5,554	0.64	3,562	28
279		P1x3	1.623904	77	31	8,897	0.61	5,467	49
279		P1x4	1.940029	46	19	10,721	0.97	10,348	42
281	G.I. Hemorrhage		0.549810	2,078	791	2,762	0.88	2,432	14
281		P1x1	0.427740	1,598	579	2,299	0.73	1,671	11
281		P1x2	0.631385	285	127	3,349	0.71	2,378	17
281		P1x3	1.001762	120	63	5,201	0.71	3,703	27
281		P1x4	2.003149	75	34	11,237	0.88	9,890	41



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
285	Complicated Ulcer		0.720338	148	60	3,636	0.75	2,737	20
285		Pk1	0.547778	83	32	2,926	0.61	1,798	15
285		Pk2	0.555323	50	21	3,046	0.63	1,928	17
285		Pk3	1.019837	12	5	5,586	0.62	3,443	36
285		Pk4	2.656384	3	1	13,270	0.50	6,615	53
286	Uncomplicated Ulcer		0.437399	290	95	2,103	0.78	1,644	11
286		Pk1	0.365440	232	65	1,829	0.60	1,106	8
286		Pk2	0.422947	41	22	2,268	0.72	1,643	14
286		Pk3	0.782761	13	5	4,836	0.87	4,185	18
286		Pk4	1.922814	4	2	9,450	0.72	6,811	95
289	Inflammatory Bowel Disease		0.563756	908	377	2,950	0.81	2,404	17
289		Pk1	0.503642	716	278	2,793	0.88	2,455	17
289		Pk2	0.574263	128	74	3,222	0.66	2,124	18
289		Pk3	0.960842	46	25	5,451	0.92	5,024	30
289		Pk4	1.746034	18	13	10,059	0.62	6,232	68
290	G.I. Obstruction		0.490057	2,069	738	2,414	0.70	1,680	14
290		Pk1	0.419041	1,812	652	2,217	0.64	1,419	11
290		Pk2	0.687397	158	53	3,525	0.61	2,148	24
290		Pk3	1.151505	63	24	6,263	0.74	4,635	35
290		Pk4	1.796639	36	13	10,410	0.65	6,816	52
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		0.394781	13,621	3,549	1,918	0.75	1,444	10
294		Pk1	0.344975	11,921	2,966	1,784	0.74	1,328	10
294		Pk2	0.576114	1,096	419	3,006	0.74	2,229	17
294		Pk3	0.709306	444	190	3,866	0.88	3,387	23
294		Pk4	1.743596	160	74	9,872	0.97	9,577	52
297	Other G.I. Diagnoses		0.480760	1,675	577	2,489	0.80	1,996	13
297		Pk1	0.406060	1,304	436	2,219	0.77	1,719	13
297		Pk2	0.567667	246	106	3,249	0.75	2,437	17
297		Pk3	1.176338	80	33	6,783	0.99	6,700	33
297		Pk4	1.467836	45	19	8,379	0.90	7,564	46



### Schedule 3 -- Inpatient Statistical Background

CICG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	2000/2001			Coefficient of Variation	Standard Deviation	Trim Point
						Blended Average Cost	Blended Average Cost	Blended Average Cost			
310	PWS - Liver Transplant		8,745,548	52	48	52,620	0.81	42,729	79		
310		Pix1	4,474,949	8	8	29,618	0.23	6,927	25		
310		Pix2	4,400,757	2	2	29,168	0.11	3,331	19		
310		Pix3	5,658,210	8	8	37,335	0.34	12,810	43		
310		Pix4	11,808,035	34	33	77,971	0.71	55,427	136		
311	Major Pancreatic Procedures		3,973,733	189	126	21,841	0.88	19,137	67		
311		Pix1	2,471,162	83	63	14,100	0.68	9,628	41		
311		Pix2	2,613,735	36	20	15,913	0.49	7,771	50		
311		Pix3	3,467,962	29	22	20,648	0.60	12,456	63		
311		Pix4	8,325,723	41	25	49,730	0.80	40,026	128		
312	Major Hepatobiliary Procedures		2,326,306	155	118	13,325	0.54	7,222	28		
312		Pix1	1,775,635	88	75	10,985	0.35	3,800	18		
312		Pix2	2,165,760	16	13	12,759	0.37	4,741	25		
312		Pix3	2,503,794	22	17	15,418	0.58	8,882	40		
312		Pix4	5,247,050	29	18	33,489	0.67	22,330	71		
313	Common Duct Exploration		1,725,000	80	45	9,062	0.52	4,674	25		
313		Pix1	1,337,689	40	19	7,405	0.51	3,772	16		
313		Pix2	1,452,234	17	12	8,192	0.25	2,076	23		
313		Pix3	1,180,591	11	4	6,711	0.39	2,598	29		
313		Pix4	2,633,782	12	8	14,270	0.37	5,276	40		
314	Other Hepatobiliary And Pancreatic Procedures		1,685,028	189	86	8,524	0.95	8,062	31		
314		Pix1	1,125,581	113	48	6,215	0.73	4,530	21		
314		Pix2	1,206,894	19	6	6,414	0.57	3,659	32		
314		Pix3	2,246,341	33	18	12,125	0.60	7,271	56		
314		Pix4	3,995,879	24	13	21,215	0.81	17,229	55		
315	Cholecystectomy		1,329,307	366	165	6,788	0.53	3,584	17		
315		Pix1	1,088,968	257	118	5,856	0.41	2,409	16		
315		Pix2	1,321,412	39	18	7,292	0.38	2,742	18		
315		Pix3	2,054,680	31	16	11,370	0.49	5,527	28		
315		Pix4	2,635,045	39	21	14,290	0.57	8,098	47		



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2000/2001			Blended		Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Average Cost				
317	Laparoscopic Cholecystectomy		0.579544	3,850	1,198	2,576	0.58	1,500	7	
317		Plx1	0.521221	3,481	1,127	2,497	0.56	1,393	7	
317		Plx2	0.927768	252	76	4,736	0.58	2,753	15	
317		Plx3	1.296317	70	20	6,380	0.51	3,276	22	
317		Plx4	2.563212	47	16	14,408	1.46	21,026	37	
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		2.197252	73	51	11,892	1.18	14,078	41	
320		Plx1	1.041541	36	24	6,392	0.67	4,263	28	
320		Plx2	1.809354	14	10	10,530	0.55	5,804	26	
320		Plx3	1.938075	9	7	11,585	0.52	6,000	36	
320		Plx4	5.344042	14	9	30,961	0.78	24,171	64	
323	Cirrhosis And Alcoholic Hepatitis		1.205700	514	225	6,120	1.04	6,346	33	
323		Plx1	0.563278	164	57	3,023	0.72	2,184	20	
323		Plx2	0.821806	128	44	4,470	0.59	2,628	26	
323		Plx3	1.107329	86	49	5,829	0.91	5,323	36	
323		Plx4	2.169653	136	78	12,253	0.98	11,989	42	
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		1.089188	598	223	5,584	0.75	4,167	36	
324		Plx1	0.798938	315	102	4,269	0.72	3,082	29	
324		Plx2	1.037709	146	58	5,605	0.80	4,498	37	
324		Plx3	1.343160	70	36	7,546	0.51	3,860	43	
324		Plx4	1.500912	67	27	8,544	0.71	6,070	54	
325	Pancreas Diseases Except Malignancy		0.604233	1,730	622	3,053	0.85	2,590	18	
325		Plx1	0.439658	1,249	424	2,323	0.63	1,453	14	
325		Plx2	0.694820	305	124	3,788	0.76	2,868	22	
325		Plx3	1.086297	103	51	6,271	0.64	3,990	32	
325		Plx4	3.349781	73	40	18,279	1.12	20,381	57	
326	Liver Diseases Except Cirrhosis Or Cancer		1.099055	598	252	5,820	1.17	6,791	24	
326		Plx1	0.587548	306	112	3,274	0.70	2,281	20	
326		Plx2	0.797165	104	47	4,508	0.81	3,634	29	
326		Plx3	1.282998	74	32	6,898	0.78	5,347	37	
326		Plx4	2.972377	114	66	17,888	1.38	24,690	44	



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
329	Biliary Tract Diseases		0.507063	1,629	374	2,566	0.76	1,938	13
329		P1x1	0.383991	1,330	268	2,096	0.69	1,440	10
329		P1x2	0.726480	127	43	4,174	0.75	3,141	18
329		P1x3	0.849080	124	43	4,658	0.79	3,698	21
329		P1x4	1.436749	48	24	8,177	1.10	8,986	32
350	Multiple Or Bilateral Joint Replacement		2.832849	53	23	15,066	0.55	8,244	43
350		P1x1	1.997777	26	10	11,317	0.42	4,760	23
350		P1x2	2.362574	9	4	14,397	0.25	3,620	31
350		P1x3	3.292463	10	7	18,829	0.56	10,582	41
350		P1x4	4.577303	8	3	25,962	0.44	11,423	122
351	Joint Replacement For Trauma		1.735778	791	416	9,111	0.47	4,262	34
351		P1x1	1.374915	504	282	7,646	0.37	2,866	24
351		P1x2	1.935327	122	59	10,972	0.45	4,949	41
351		P1x3	2.437709	71	47	13,394	0.46	6,227	67
351		P1x4	3.359773	94	48	19,333	0.57	10,928	82
352	Hip Replacement		1.673833	1,964	1,073	8,299	0.36	3,026	12
352		P1x1	1.494353	1,487	794	8,081	0.39	3,142	12
352		P1x2	1.677027	300	215	8,849	0.22	1,952	15
352		P1x3	2.051051	124	66	10,862	0.34	3,724	25
352		P1x4	2.747061	53	36	14,879	0.52	7,771	41
354	Knee Replacement		1.570999	2,159	1,173	7,627	0.24	1,839	12
354		P1x1	1.403382	1,670	919	7,438	0.22	1,611	12
354		P1x2	1.613269	299	182	8,425	0.30	2,550	13
354		P1x3	1.782407	130	66	9,567	0.31	2,971	22
354		P1x4	2.163252	60	30	12,024	0.41	4,904	35
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		1.693092	39	24	9,659	0.67	6,427	42
355		P1x1	1.202099	16	12	7,083	0.58	4,080	29
355		P1x2	1.857618	8	5	11,459	0.67	7,620	37
355		P1x3	4.230292	2	2	22,267	0.18	4,079	58
355		P1x4	7.575338	13	8	43,212	1.17	50,687	159



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
356	Repair Hip And Femur Procedures		1.304677	182	133	7,481	0.56	4,205	24
356		Pk1	1.045015	112	84	6,335	0.49	3,127	20
356		Pk2	1.577437	45	35	9,651	0.48	4,669	35
356		Pk3	2.190668	14	10	13,586	0.54	7,269	45
356		Pk4	4.278585	11	9	23,452	0.73	17,110	129
358	Lower Extremity Procedures With Infection		1.227916	172	99	6,840	0.81	5,528	28
358		Pk1	1.001382	135	79	5,965	0.74	4,433	21
358		Pk2	1.588972	21	11	9,842	0.66	6,514	45
358		Pk3	2.118205	8	3	12,287	0.92	11,358	61
358		Pk4	4.408762	8	7	24,812	0.62	15,473	143
359	Upper Extremity Procedures With Infection		0.999560	42	21	5,437	0.81	4,428	18
359		Pk1	0.757552	34	18	4,570	0.57	2,618	14
359		Pk2	2.158313	6	1	10,446	1.04	10,879	27
359		Pk3	2.908452	2	2	14,254	0.56	8,002	97
359		Pk4	3.395162			18,895	0.28	5,354	53
360	Upper Extremity Amputations And Revisions		1.060157	49	25	5,820	0.96	5,574	26
360		Pk1	0.709794	32	17	4,050	0.64	2,572	20
360		Pk2	1.444698	12	6	8,711	0.67	5,850	81
360		Pk3	2.459490	2	1	13,382	0.73	9,723	92
360		Pk4	5.014147	3	2	26,613	0.79	20,967	67
361	Musculoskeletal Biopsy For Malignancy		2.928447	33	25	16,798	1.35	22,729	72
361		Pk1	1.223824	23	17	7,405	0.82	6,048	39
361		Pk2	3.264165	4	4	18,463	0.54	9,969	115
361		Pk3	3.498637	2	1	16,629	0.66	10,950	43
361		Pk4	8.933634	4	3	53,401	0.72	38,374	99
362	Musculoskeletal Biopsy Without Malignancy		1.924098	54	36	10,680	1.53	16,295	48
362		Pk1	0.946644	37	23	5,511	0.77	4,264	32
362		Pk2	1.394878	4	2	7,916	1.16	9,201	67
362		Pk3	3.880190	5	2	22,195	0.93	20,545	110
362		Pk4	5.750643	8	7	35,443	0.87	30,907	63



### Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001				Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Average Cost	Blended Average Cost	Cost of Variation			
363	Back And Neck Procedures With Fusion		1.499337	720	478	8,881	0.57	5,034	15		
363		Pix1	1.221690	523	347	7,513	0.46	3,446	12		
363		Pix2	2.047560	112	79	12,485	0.42	5,278	20		
363		Pix3	2.651983	41	32	16,004	0.41	6,533	31		
363		Pix4	4.752782	44	37	29,136	0.81	23,699	71		
365	Back And Neck Procedures Without Fusion		0.690911	1,432	791	4,015	0.39	1,569	8		
365		Pix1	0.642268	1,308	730	3,893	0.37	1,458	8		
365		Pix2	1.149033	76	57	6,986	0.57	3,999	21		
365		Pix3	1.437773	36	25	8,649	0.43	3,717	22		
365		Pix4	2.214575	12	7	13,729	0.66	9,006	51		
367	Shoulder Arthroplasty		1.310927	96	67	6,315	0.26	1,618	8		
367		Pix1	1.212087	88	62	6,235	0.26	1,622	8		
367		Pix2	1.287671	4	2	6,552	0.30	1,993	7		
367		Pix3	1.658464	2	1	7,359	0.24	1,749	8		
367		Pix4	1.512616	2	2	7,832	0.14	1,058	4		
368	Major Hip And Knee Procedures		0.874829	61	40	4,901	0.52	2,540	11		
368		Pix1	0.773159	53	34	4,524	0.49	2,217	11		
368		Pix2	1.066745	5	5	6,314	0.42	2,626	16		
368		Pix3	1.889995	3	1	9,566	0.56	5,371	22		
368		Pix4	24.636270			114,841	0.00	0	92		
369	Major Lower Extremity Procedures		0.817511	403	283	4,299	0.51	2,181	8		
369		Pix1	0.748696	382	268	4,133	0.47	1,930	8		
369		Pix2	1.333470	14	12	7,959	0.54	4,288	20		
369		Pix3	1.548712	5	4	9,386	0.37	3,456	13		
369		Pix4	2.745561	2	1	16,207	0.70	11,311	89		
372	Major Upper Extremity Procedures		0.676745	283	156	3,575	0.54	1,927	7		
372		Pix1	0.597573	271	138	3,295	0.51	1,680	4		
372		Pix2	1.449468	9	7	7,998	0.48	3,853	38		
372		Pix3	1.347394	1	1	6,846	0.31	2,108	21		
372		Pix4	11.660226	2	1	60,316	0.66	39,782	393		



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
374	Minor Lower Extremity Procedures		0.584150	1,053	420	2,779	0.46	1,268	4
374		Pk1	0.541615	1,032	412	2,737	0.45	1,232	4
374		Pk2	0.763882	14	10	4,454	0.37	1,626	8
374		Pk3	0.809871	6	2	4,021	0.51	2,053	19
374		Pk4	1.142224	1					3
375	Minor Upper Extremity Procedures		0.529709	1,197	390	2,293	0.42	968	4
375		Pk1	0.486388	1,180	385	2,281	0.42	963	4
375		Pk2	0.819833	10	6	4,319	0.43	1,874	11
375		Pk3	0.604125	4	1	2,897	0.32	939	10
375		Pk4	1.109675	3	1	5,175	0.43	2,238	8
376	Miscellaneous Musculoskeletal Procedures		1.162271	133	95	6,720	0.78	5,237	10
376		Pk1	0.950636	114	79	5,868	0.81	4,747	10
376		Pk2	1.620694	8	7	9,657	0.35	3,346	10
376		Pk3	2.756156	4	4	17,532	0.37	6,405	16
376		Pk4	2.787350	7	6	16,876	0.42	7,105	40
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		1.324239	337	231	7,415	0.98	7,259	29
377		Pk1	0.941180	242	170	5,562	0.84	4,663	22
377		Pk2	1.811583	52	37	11,037	0.75	8,268	36
377		Pk3	2.287644	25	17	13,512	0.75	10,117	51
377		Pk4	5.554371	18	12	32,366	0.82	26,683	107
378	Soft Tissue Procedures (MNRH)		0.650284	144	97	3,480	0.42	1,470	7
378		Pk1	0.608385	126	87	3,404	0.43	1,460	7
378		Pk2	0.747551	14	9	4,302	0.33	1,439	13
378		Pk3	2.314519	2		13,851	0.95	13,144	74
378		Pk4	2.454408	2	2	13,559	1.16	15,732	15
379	Other Musculoskeletal Procedures (MNRH)		0.450485	567	336	2,351	0.48	1,137	4
379		Pk1	0.416881	549	328	2,316	0.47	1,079	4
379		Pk2	0.887687	13	11	5,135	0.52	2,661	17
379		Pk3	0.817423	2		3,836	0.26	1,005	15
379		Pk4	5.755096	3	2	28,741	1.19	34,247	76



### Schedule 3 -- Inpatient Statistical Background

2000/2001											
CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended			Coefficient of Variation	Standard Deviation	Trim Point
						Average Cost					
380	Other Lower Extremity Procedures (MNRH)		0.456678	551	224	2,184	4		0.51	1,104	4
380		Pix1	0.421409	544	219	2,159	4		0.50	1,082	4
380		Pix2	0.645292	4	4	3,608			0.43	1,546	5
380		Pix3	0.645046	3	1	3,385			0.40	1,341	15
380		Pix4									
381	Hand And Wrist Procedures (MNRH)		0.456667	141	61	2,264			0.32	730	1
381		Pix1	0.432215	140	61	2,274			0.32	726	1
381		Pix2	1.412825	1	1	6,667			0.67	4,437	10
381		Pix3									
381		Pix4									
382	Arthroscopy (MNRH)		0.759650	12	7	4,065			0.81	3,297	13
382		Pix1	0.352709	10	4	1,900			0.51	975	7
382		Pix2	1.381548			8,824			0.25	2,240	13
382		Pix3									
382		Pix4	2.847124	2	2	18,031			0.67	12,143	29
383	PWS - Joint Replacement For Malignancy		2.178455	18	11	12,588			0.41	5,156	40
383		Pix1	1.774837	10	6	11,106			0.52	5,816	23
383		Pix2	2.428553	5	3	14,317			0.28	3,969	31
383		Pix3	2.107679	2	2	12,154			0.17	2,044	21
383		Pix4	5.295209	1	1	29,836			0.56	16,823	96
384	PWS - Back And Neck Procedures For Malignancy		3.949848	34	26	23,422			0.60	14,162	59
384		Pix1	1.854951	10	6	11,489			0.48	5,561	26
384		Pix2	3.293771	7	5	20,234			0.40	8,098	38
384		Pix3	4.112578	6	4	25,139			0.32	8,074	60
384		Pix4	5.521714	11	11	33,406			0.41	13,599	57
385	PWS - Major Orthopaedic Oncology Procedures		1.432250	34	23	8,452			0.82	6,941	19
385		Pix1	1.134529	25	20	7,106			0.64	4,576	17
385		Pix2	2.363764	5	3	14,319			0.62	8,813	32
385		Pix3	2.602307			12,028			0.46	5,505	16
385		Pix4	7.426532	4	4	46,748			0.46	21,288	70



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
386	Other Orthopaedic Oncology Procedures		1.113744	42	29	6,608	0.68	4,467	19
386		Plx1	0.812784	30	19	5,100	0.42	2,150	13
386		Plx2	1.542029	6	6	9,612	0.62	5,964	24
386		Plx3	2.303397	6	4	13,956	0.49	6,903	28
386		Plx4	2.988634			14,733	0.77	11,399	40
391	Secondary Neoplasms And Pathological Fractures		1.432541	769	216	7,449	0.94	7,003	47
391		Plx1	1.013455	488	124	5,416	0.71	3,833	40
391		Plx2	1.387341	162	43	7,724	0.77	5,958	51
391		Plx3	2.086424	61	26	11,128	0.65	7,185	61
391		Plx4	3.207632	58	28	18,394	0.75	13,838	70
392	Osteomyelitis		1.069362	131	55	6,113	0.70	4,292	34
392		Plx1	0.873920	79	31	5,269	0.77	4,055	30
392		Plx2	1.198153	21	8	7,157	0.60	4,275	31
392		Plx3	1.380547	22	9	8,130	0.63	5,115	30
392		Plx4	1.457549	9	7	9,105	0.76	6,954	82
393	Rheumatoid Arthritis		0.860971	195	59	4,367	1.36	5,957	27
393		Plx1	0.511042	128	33	2,786	0.81	2,262	18
393		Plx2	0.867415	32	8	4,139	0.45	1,875	31
393		Plx3	1.670997	18	7	8,893	0.63	5,645	53
393		Plx4	6.205939	17	12	38,235	0.81	30,867	100
394	Septic Arthritis		0.663363	95	21	3,517	0.84	2,939	23
394		Plx1	0.484945	66	14	2,628	0.88	2,304	17
394		Plx2	1.489495	3	1	7,877	0.33	2,566	34
394		Plx3	0.810251	19	4	4,545	0.53	2,420	31
394		Plx4	2.789863	7	4	16,338	1.07	17,494	66
397	Non-Inflammatory Arthritis		1.128938	301	58	5,197	0.68	3,523	30
397		Plx1	0.774656	239	39	3,792	0.55	2,074	21
397		Plx2	1.477491	40	9	7,395	0.45	3,362	38
397		Plx3	1.943017	13	6	10,391	0.76	7,884	65
397		Plx4	4.037281	9	5	18,259	0.65	11,876	183



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SVRV	Activity	2000/2001		Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
								Average	Cost			
398	Other Inflammatory Arthritis		0.855787	641			215	3,464		1.24	4,289	20
398		Pix1	0.433842	486			147	2,381		0.73	1,749	17
398		Pix2	0.940436	75			28	5,140		0.62	3,190	31
398		Pix3	1.052581	52			28	6,063		0.97	5,880	34
398		Pix4	2.606468	28			18	15,622		1.33	20,765	49
399	Orthopaedic Aftercare		0.696653	400			118	3,599		1.13	4,169	29
399		Pix1	0.463542	315			97	2,591		0.93	2,406	25
399		Pix2	1.292076	48			14	7,551		0.63	4,758	52
399		Pix3	1.312087	23			4	7,088		0.68	4,820	68
399		Pix4	2.377202	14			6	14,335		0.66	9,419	101
401	Other Musculoskeletal Malignancies		1.134214	44			20	6,534		0.76	4,988	17
401		Pix1	0.799502	26			10	4,798		0.59	2,839	14
401		Pix2	1.250686	7			2	7,723		0.95	7,349	29
401		Pix3	1.405189	8			5	8,471		0.44	3,748	20
401		Pix4	3.617321	3			3	21,743		0.63	13,606	38
402	Disc Disease		0.631576	934			223	3,046		0.77	2,355	21
402		Pix1	0.539465	828			195	2,765		0.72	2,003	21
402		Pix2	1.129685	69			21	5,909		0.62	3,687	39
402		Pix3	2.186343	26			10	11,030		0.72	7,957	63
402		Pix4	2.103326	11			7	12,120		0.76	9,243	76
404	Other Musculoskeletal Infections		0.360453	10			4	2,089		0.94	1,967	15
404		Pix1	0.337238	10			4	2,089		0.94	1,967	15
404		Pix2										
404		Pix3										
404		Pix4										
407	Other Musculoskeletal Disorders		0.561259	70			38	3,183		0.93	2,959	16
407		Pix1	0.385185	54			28	2,256		0.57	1,291	13
407		Pix2	0.780894	12			6	4,574		0.94	4,322	30
407		Pix3	0.910743	1			1	5,429		0.50	2,716	9
407		Pix4	1.396112	3			2	7,644		0.45	3,441	18



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
409	Back Pain (MNRH)		0.464994	1,175	211	2,224	0.70	1,565	14
409		Pk1	0.385764	1,076	183	1,960	0.65	1,279	11
409		Pk2	0.751100	68	17	4,015	0.84	3,374	33
409		Pk3	1.516614	22	5	8,674	0.75	6,515	33
409		Pk4	2.244730	9	6	11,661	0.82	9,614	90
411	Signs, Symptoms And Deformities (MNRH)		0.473623	564	160	2,393	0.72	1,733	16
411		Pk1	0.427488	497	141	2,314	0.74	1,714	16
411		Pk2	0.807961	43	15	4,291	0.78	3,330	32
411		Pk3	0.683728	18	6	3,915	0.56	2,207	24
411		Pk4	1.631273	6	4	9,709	0.74	7,155	60
413	Joint Derangements (MNRH)		0.395634	117	31	1,912	0.55	1,233	13
413		Pk1	0.323537	108	25	1,772	0.57	1,001	10
413		Pk2	0.691581	4	2	3,521	0.84	2,956	34
413		Pk3	0.161293	5	2	752	0.82	617	7
413		Pk4							7
414	Sprains Strains And Minor Injuries (MNRH)		0.347005	214	53	1,745	0.76	1,318	13
414		Pk1	0.316545	196	50	1,707	0.77	1,313	13
414		Pk2	0.489506	11	1	2,443	0.55	1,334	26
414		Pk3	0.559012	6	2	2,828	0.42	1,175	20
414		Pk4	0.864458	1					17
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		0.961212	250	152	5,497	0.94	5,177	19
425		Pk1	0.716739	211	126	4,302	0.82	3,523	13
425		Pk2	1.738016	20	14	10,839	0.67	7,266	21
425		Pk3	1.900175	10	6	12,016	0.68	8,195	20
425		Pk4	5.661361	9	6	36,368	0.33	12,155	120
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		2.986067	242	145	16,190	0.97	15,666	76
427		Pk1	1.896698	148	87	11,213	0.87	9,778	57
427		Pk2	3.376019	35	17	19,097	0.79	15,075	76
427		Pk3	3.079496	28	21	17,683	0.69	12,257	85
427		Pk4	9.282394	31	24	52,495	0.70	36,930	180



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		0.621833	1,046	388	2,750	0.32	890	4
428		Pix1	0.570816	1,018	379	2,716	0.30	802	4
428		Pix2	1.808876	20	15	10,812	0.69	7,406	17
428		Pix3	2.200388	5	5	12,818	0.52	6,702	18
428		Pix4	3.205534	3	3	16,652	0.55	9,190	18
429	Total Mastectomy For Breast Malignancy		0.669908	966	379	3,268	0.60	1,963	7
429		Pix1	0.599313	920	357	3,106	0.53	1,652	7
429		Pix2	1.193052	35	19	6,757	0.74	4,980	17
429		Pix3	2.362267	7	5	12,674	0.59	7,440	26
429		Pix4	1.677081	4	2	8,730	0.59	5,175	11
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		0.543472	770	357	2,666	0.36	972	4
432		Pix1	0.507916	751	352	2,654	0.37	970	4
432		Pix2	0.778263	13	4	4,467	0.55	2,474	14
432		Pix3	1.070796	4	2	4,814	0.40	1,926	20
432		Pix4	2.572830	2	2	15,225	0.71	10,883	67
434	Breast Biopsy And Local Excision Without Malignancy		0.296712	73	13	1,320	0.36	479	1
434		Pix1	0.270280	72	13	1,320	0.36	479	1
434		Pix2	0.327570	1	1	1,586	0.44	693	1
434		Pix3							82
434		Pix4							
435	Perianal And Pilonidal Cyst Procedures		0.336369	99	21	1,537	0.45	690	4
435		Pix1	0.307994	98	21	1,537	0.45	690	4
435		Pix2							8
435		Pix3	0.522697	1	1	2,140	0.00	0	2
435		Pix4							
436	Plastic Surgery		0.545421	47	23	2,881	0.44	1,273	4
436		Pix1	0.513102	46	23	2,881	0.44	1,273	4
436		Pix2	0.796222	1	1	3,382	0.75	2,548	3
436		Pix3							6
436		Pix4							



### Schedule 3 -- Inpatient Statistical Background

CIMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Average Cost			
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		0.396677	117	40	2,046	0.56	1,146	4
437		P1x1	0.365631	111	37	1,980	0.50	990	4
437		P1x2	0.461341	5	3	2,703	0.97	2,616	6
437		P1x3	2.457207	1	1	11,174	0.62	6,930	35
437		P1x4	9.911999			65,874	0.00	0	25
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		0.823722	134	62	4,322	0.75	3,232	19
438		P1x1	0.685630	117	55	3,812	0.68	2,601	16
438		P1x2	1.736885	10	6	9,888	0.82	8,082	49
438		P1x3	1.242490	3	2	6,515	0.60	3,941	49
438		P1x4	1.658722	4	1	8,626	0.77	6,615	37
439	Skin Ulcer		1.400311	190	37	6,990	0.84	5,862	49
439		P1x1	1.064112	106	18	5,380	0.96	5,183	46
439		P1x2	1.487084	29	7	8,114	0.63	5,086	50
439		P1x3	1.307942	37	10	7,027	0.67	4,726	44
439		P1x4	2.196808	18	2	12,966	0.89	11,509	67
440	Major Skin Disorders		0.662108	142	48	3,479	0.73	2,553	20
440		P1x1	0.561006	107	30	3,099	0.83	2,571	17
440		P1x2	0.782925	20	11	4,331	0.59	2,567	30
440		P1x3	0.716243	11	4	3,991	0.38	1,513	37
440		P1x4	1.872263	4	3	11,983	1.28	15,301	57
443	Malignant Breast Disorders		1.234863	97	16	6,886	0.91	6,285	34
443		P1x1	0.723145	42	4	4,164	0.67	2,791	29
443		P1x2	0.801969	34	6	4,315	0.62	2,674	50
443		P1x3	1.899108	11	2	11,913	0.88	10,518	42
443		P1x4	2.472504	10	4	12,815	0.69	8,785	54
446	Non-Malignant Breast Disorders		0.389842	55	15	1,753	0.50	868	7
446		P1x1	0.358181	53	15	1,753	0.50	868	7
446		P1x2	0.358181	1					27
446		P1x3	0.571815	1		2,768	0.00	0	7
446		P1x4							14



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2000/2001			Blended		Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases	Average Cost				
447	Cellulitis		0.610681	2,099	595	3,003	0.76	2,297	17	
447		Pix1	0.490141	1,687	441	2,574	0.77	1,992	14	
447		Pix2	0.877751	250	83	4,752	0.68	3,242	25	
447		Pix3	1.005523	107	53	5,164	0.76	3,928	31	
447		Pix4	1.705745	55	38	9,539	0.77	7,340	55	
452	Trauma Of Skin, Subcutaneous Tissue And Breast		0.334777	209	38	1,912	0.76	1,446	4	
452		Pix1	0.319940	201	37	1,926	0.76	1,467	4	
452		Pix2	0.460029	3	2,306	0.93	2,140	13		
452		Pix3	0.609134	4	2	3,430	0.67	2,297	16	
452		Pix4	1.830095	1	7,493	0.00	0	8		
454	Minor Skin Disorders		0.428748	397	79	2,234	0.83	1,857	10	
454		Pix1	0.350564	355	67	1,906	0.72	1,371	10	
454		Pix2	0.595279	18	5	3,525	0.93	3,289	20	
454		Pix3	0.493060	17	4	2,805	0.66	1,847	11	
454		Pix4	0.785254	7	3	4,628	0.43	2,003	26	
476	PWS - Adrenal And Pituitary Procedures		1.326738	120	91	7,866	0.49	3,833	15	
476		Pix1	1.084033	93	66	6,770	0.43	2,893	9	
476		Pix2	2.158210	8	8	13,321	0.64	8,467	27	
476		Pix3	1.969615	14	11	11,856	0.45	5,367	21	
476		Pix4	3.808856	5	3	23,633	0.64	15,219	63	
477	Parathyroid Procedures		0.734060	71	37	4,010	0.39	1,564	7	
477		Pix1	0.660562	59	30	3,714	0.35	1,305	7	
477		Pix2	1.003740	3	3	5,629	0.47	2,636	8	
477		Pix3	1.449608	6	5	8,882	0.47	4,211	18	
477		Pix4	2.207010	3	2	13,309	0.65	8,668	36	
478	Obesity Procedures		0.681493	306	35	3,088	0.37	1,149	8	
478		Pix1	0.619060	283	34	3,025	0.36	1,081	8	
478		Pix2	0.761723	15	1	4,010	0.48	1,918	10	
478		Pix3	1.227814	6	6	5,631	0.09	525	11	
478		Pix4	5.976166	2	1	39,579	0.71	28,235	45	



### Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Average Cost			
479 Thyroid Procedures		0.640689	638	277	3,178	0.42	1,327	4
479	Pix1	0.588055	608	263	3,078	0.42	1,282	4
479	Pix2	0.842262	9	4	4,703	0.40	1,897	8
479	Pix3	0.878904	17	13	5,133	0.29	1,488	8
479	Pix4	2.716251	4	3	15,771	0.61	9,688	42
480 Thyroglossal Procedures		0.362027	37	12	1,954	0.29	568	1
480	Pix1	0.349649	37	12	1,954	0.29	568	1
480	Pix2							
480	Pix3							
480	Pix4							
482 Other Endocrine, Nutrition And Metabolic Procedures		1.581306	57	40	9,335	1.19	11,104	34
482	Pix1	0.721679	42	30	4,473	0.76	3,400	18
482	Pix2	2.808958	3	3	17,242	0.59	10,150	65
482	Pix3	2.602016	4	4	16,238	0.71	11,456	32
482	Pix4	6.269967	8	5	38,748	0.51	19,892	101
483 Diabetes		0.561031	2,776	735	2,798	0.94	2,626	17
483	Pix1	0.410523	2,115	521	2,194	0.81	1,784	14
483	Pix2	0.771349	338	93	4,060	0.97	3,955	22
483	Pix3	0.793998	197	70	4,157	0.73	3,026	27
483	Pix4	1.990056	126	65	11,225	1.01	11,340	48
485 Nutritional And Miscellaneous Metabolic Disorders		0.576719	2,537	827	2,895	0.89	2,564	17
485	Pix1	0.422220	1,773	518	2,208	0.73	1,623	13
485	Pix2	0.735807	460	190	3,974	0.81	3,215	24
485	Pix3	0.833860	201	80	4,543	0.76	3,447	27
485	Pix4	1.623734	103	57	9,404	0.87	8,210	51
487 Cystic Fibrosis		1.630604	108	84	9,606	0.79	7,579	28
487	Pix1	1.362030	78	58	8,423	0.58	4,862	28
487	Pix2	1.410231	12	12	8,515	0.60	5,084	32
487	Pix3	2.267140	14	10	13,620	0.67	9,109	38
487	Pix4	4.317508	4	4	25,943	0.87	22,544	72



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2000/2001				Blended		
			SWRV	Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
488	Inborn Errors Of Metabolism		0.792989	78	40	4,523	0.83	3,768	16
488		Pix1	0.507184	56	25	3,144	0.75	2,361	10
488		Pix2	1.089836	12	9	6,203	0.57	3,506	28
488		Pix3	1.258177	4	3	7,839	0.71	5,584	36
488		Pix4	2.577746	6	4	15,155	0.94	14,287	30
489	Endocrine Disorders		0.607198	453	197	3,285	0.82	2,679	19
489		Pix1	0.459395	344	146	2,624	0.60	1,573	12
489		Pix2	0.711366	76	34	3,981	0.72	2,861	26
489		Pix3	1.009698	16	7	5,892	0.70	4,095	34
489		Pix4	2.518803	17	11	14,047	0.92	12,876	57
500	PWS - Kidney Transplant		2.526312	128	119	15,115	0.44	6,648	22
500		Pix1	1.872397	45	44	11,908	0.31	3,689	12
500		Pix2	2.120793	18	17	13,514	0.36	4,875	16
500		Pix3	2.510096	26	26	16,023	0.35	5,575	25
500		Pix4	3.898446	39	37	24,023	0.41	9,954	51
501	Urinary Diversion And Augmentation		2.333051	145	91	11,585	0.43	4,962	33
501		Pix1	1.739986	76	51	9,629	0.44	4,278	20
501		Pix2	2.252152	29	18	12,204	0.29	3,507	30
501		Pix3	2.715789	17	9	15,448	0.37	5,660	36
501		Pix4	5.756176	23	16	32,758	0.62	20,398	94
502	Radical Prostatectomy		1.106250	479	312	5,071	0.22	1,130	10
502		Pix1	0.983847	397	269	4,967	0.21	1,054	10
502		Pix2	1.038229	48	31	5,685	0.24	1,354	11
502		Pix3	1.362732	23	15	7,083	0.36	2,534	23
502		Pix4	1.964427	11	3	8,766	0.35	3,104	41
503	Dialysis Procedures		1.408611	116	97	8,437	1.26	10,644	44
503		Pix1	0.575836	75	64	3,766	0.55	2,090	11
503		Pix2	1.885444	11	10	12,236	0.66	8,024	41
503		Pix3	1.559231	9	8	10,158	0.90	9,151	45
503		Pix4	7.771239	21	18	48,851	0.61	29,865	191



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
504	Major Urinary Tract Procedures		1.200830	693	525	6,094	0.53	3,235	16
504		Plx1	0.974406	541	408	5,366	0.43	2,299	10
504		Plx2	1.494238	80	66	8,007	0.48	3,377	17
504		Plx3	1.684220	34	22	8,925	0.46	4,132	22
504		Plx4	3.384078	38	28	19,446	0.67	12,991	54
505	Reconstructive Urological Procedures		1.284330	102	21	6,220	0.68	4,200	15
505		Plx1	0.970886	74	17	5,057	0.43	2,188	12
505		Plx2	1.181929	14	2	5,806	0.55	3,221	16
505		Plx3	1.736448	10	1	10,413	0.45	4,853	17
505		Plx4	2.483259	4	1	9,855	0.51	5,041	30
506	Open Prostatectomy		0.581460	53	17	3,147	0.49	1,543	13
506		Plx1	0.490462	46	15	2,950	0.48	1,418	9
506		Plx2	0.816058	6	2	3,673	0.33	1,219	15
506		Plx3	1.892239	1		8,776	0.64	5,616	43
506		Plx4	1.014685			4,154	0.00	0	8
507	Vascular And Other Urinary Procedures		1.716982	68	36	8,759	1.07	9,398	44
507		Plx1	0.950706	36	21	5,332	0.32	4,903	16
507		Plx2	2.491636	3		11,354	0.50	5,695	31
507		Plx3	2.422412	3	3	14,466	0.76	11,004	72
507		Plx4	7.578764	26	14	45,126	1.11	50,242	177
508	Minor Upper Urinary Tract Procedures		1.117688	347	239	5,602	0.63	3,539	18
508		Plx1	0.885804	271	195	4,822	0.42	2,042	12
508		Plx2	1.562833	26	16	8,413	0.70	5,879	26
508		Plx3	1.726571	29	20	9,509	0.44	4,202	35
508		Plx4	3.815303	21	14	22,079	1.00	22,157	65
509	Minor Lower Urinary Tract Procedures		0.738857	130	59	3,439	0.65	2,237	12
509		Plx1	0.633155	114	55	3,192	0.64	2,035	10
509		Plx2	0.884517	6	1	5,553	0.48	2,664	19
509		Plx3	1.406054	6	2	6,921	0.47	3,233	27
509		Plx4	1.396402	4	1	6,250	0.50	3,130	38



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
						Blended Average	Cost			
510	Transurethral Prostatectomy		0.576155	1,318	543	2,383		0.57	1,388	10
510		Pix1	0.491361	1,229	512	2,246		0.57	1,280	7
510		Pix2	0.822745	54	10	3,892		0.48	1,881	15
510		Pix3	1.113608	22	8	5,418		0.51	2,777	29
510		Pix4	2.359352	13	4	11,958		0.47	5,654	56
512	Other Transurethral Or Biopsy Procedures (MNRH)		0.467064	1,433	813	1,938		0.45	879	7
512		Pix1	0.414894	1,365	782	1,907		0.45	857	7
512		Pix2	0.748015	38	22	3,564		0.56	1,984	18
512		Pix3	1.147959	17	10	5,685		0.76	4,333	28
512		Pix4	1.569607	13	7	7,783		0.44	3,430	33
514	Miscellaneous Urinary Tract Procedures (MNRH)		1.249595	23	15	5,257		2.37	12,472	7
514		Pix1	1.125687	22	15	5,257		2.37	12,472	7
514		Pix2	0.564601			2,733		0.00	0	4
514		Pix3	0.346682	1		1,419		0.00	0	5
514		Pix4								
520	Renal Failure With Dialysis		2.108887	246	190	12,058		0.91	11,030	60
520		Pix1	1.154692	86	59	6,988		0.78	5,418	34
520		Pix2	1.401023	41	33	8,703		0.78	6,770	38
520		Pix3	2.227320	49	37	13,635		0.81	11,082	64
520		Pix4	3.424058	70	63	20,714		0.72	14,906	84
521	Renal Failure Without Dialysis		0.958468	986	328	4,805		0.97	4,654	30
521		Pix1	0.628668	437	134	3,455		0.91	3,137	23
521		Pix2	0.910175	249	91	4,936		1.03	5,001	33
521		Pix3	1.209630	181	66	6,580		0.79	5,181	37
521		Pix4	2.468002	119	48	13,017		0.88	11,419	67
522	Urinary Neoplasm		1.101988	399	93	5,233		0.84	4,415	36
522		Pix1	0.600623	180	40	3,026		0.76	2,285	23
522		Pix2	1.117557	125	29	5,728		0.69	3,968	40
522		Pix3	1.502689	64	17	7,823		0.65	5,074	51
522		Pix4	1.997394	30	9	10,569		0.63	6,700	46



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
524	Nephrotic Syndrome		0.699244	71	39	4,048	0.90	3,646	20
524		P1x1	0.466465	42	22	2,823	0.84	2,371	15
524		P1x2	0.694583	10	7	4,051	0.81	2,469	24
524		P1x3	0.769870	12	6	4,739	0.55	2,598	17
524		P1x4	1.838177	7	3	11,304	0.62	7,027	37
525	Nephropathy Without Nephrotic Syndrome		0.511026	86	52	2,917	0.81	2,353	14
525		P1x1	0.315872	54	28	1,835	0.50	918	10
525		P1x2	0.371999	7	5	2,149	0.49	1,048	17
525		P1x3	0.747215	16	12	4,550	0.43	1,943	16
525		P1x4	1.777103	9	8	11,083	0.95	10,527	46
526	Miscellaneous Nephrological Diagnosis		0.684229	32	17	3,711	0.68	2,525	14
526		P1x1	0.498213	23	10	2,699	0.49	1,317	13
526		P1x2	0.737587	4	3	4,724	0.36	1,693	12
526		P1x3	0.942883	4	3	5,572	0.83	4,633	22
526		P1x4	1.580830	1	1	9,483	0.90	8,577	16
527	Upper Urinary Tract Infection		0.482666	1,244	402	2,386	0.64	1,526	11
527		P1x1	0.410517	1,079	331	2,162	0.59	1,273	11
527		P1x2	0.636586	71	28	3,278	0.63	2,079	15
527		P1x3	0.670434	71	36	3,647	0.63	2,297	18
527		P1x4	1.091829	23	14	5,956	0.49	2,890	26
529	Lower Urinary Tract Infection		0.596744	1,675	526	3,002	0.72	2,150	17
529		P1x1	0.484655	1,227	351	2,591	0.66	1,722	14
529		P1x2	0.655062	256	95	3,535	0.65	2,310	21
529		P1x3	0.740110	134	58	4,098	0.73	3,002	24
529		P1x4	1.743757	58	30	10,350	0.91	9,438	41
532	Urinary Retention And Other Functional Disorders Of Bladder		0.357076	240	60	1,722	0.71	1,215	14
532		P1x1	0.307247	203	51	1,606	0.74	1,189	13
532		P1x2	0.585849	27	7	3,217	1.07	3,459	30
532		P1x3	0.539219	8	2	2,936	0.55	1,625	26
532		P1x4	1.656036	2	1	7,471	0.53	3,970	66



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001			Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Average Cost	Blended Average Cost			
534 Miscellaneous Urological Diagnoses (MNRH)										
534		Pix1	0.521609	243	86	2,491		0.85	2,122	13
534		Pix2	0.414300	183	66	2,121		0.65	1,385	13
534		Pix3	0.907274	33	7	4,255		1.11	4,715	14
534		Pix4	0.849601	21	12	4,687		0.75	3,531	28
534		Pix4	0.806201	6	2	4,386		0.85	3,721	21
535 Hematuria (MNRH)										
535		Pix1	0.354903	179	50	1,590		0.76	1,204	10
535		Pix2	0.288390	146	40	1,412		0.66	934	10
535		Pix3	0.445427	26	9	2,209		0.74	1,638	14
535		Pix4	0.672400	6	1	3,465		0.70	2,430	17
535		Pix4	1.175868	1	1	5,286		0.59	3,120	17
536 Urinary Obstruction (MNRH)										
536		Pix1	0.352428	2,189	616	1,505		0.68	1,020	7
536		Pix2	0.309378	1,997	578	1,450		0.66	955	7
536		Pix3	0.516369	131	26	2,707		0.68	1,848	14
536		Pix4	0.717689	53	21	3,472		0.72	2,507	15
536		Pix4	1.323423	8	2	6,298		0.41	2,586	33
538 Admission For Dialysis (MNRH)										
538		Pix1	0.315647	14	7	1,853		1.05	1,947	16
538		Pix2	0.194726	2						12
538		Pix3	0.194726	11	6	1,126		0.29	330	1
538		Pix4	1.074382	1	1	6,215		0.00	0	6
550 Major Pelvic And Retroperitoneum Procedures										
550		Pix1	0.629959	1	1	3,385		0.86	2,914	45
550		Pix2	0.675584	1	1	4,072		0.72	2,914	13
550		Pix3								6
550		Pix4								55
551 Penis Procedures										
551		Pix1	0.598666	80	44	3,213		0.45	1,432	7
551		Pix2	0.548418	72	39	3,075		0.44	1,364	7
551		Pix3	0.776434	4	4	4,567		0.19	848	10
551		Pix4	1.174583	3	1	6,795		0.00	0	24
551		Pix4	4.283777	1	1	17,919		0.57	10,193	45



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001			Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Average Cost	Blended Cost			
552	Testes Procedures		0.401045	162	66	1,842	0.39	709	4	4
552		Plx1	0.363780	149	66	1,833	0.38	704	4	4
552		Plx2	1.278498	7	1	7,274	0.67	4,903	46	46
552		Plx3	1.796685	4	1	8,536	0.19	1,628	46	46
552		Plx4	1.666846	2		7,431	0.94	6,977	23	23
554	Miscellaneous Male Reproductive System Procedures (MNRH)		0.291626	197	54	1,440	0.46	667	1	1
554		Plx1	0.269158	193	53	1,420	0.45	640	1	1
554		Plx2	0.590654	2	1	2,752	0.34	931	6	6
554		Plx3	1.981155	1	1	10,795	1.28	13,792	25	25
554		Plx4	7.750301	1		37,520	0.00	0	38	38
555	Circumcision (MNRH)		0.289929	58	2	1,436	0.30	426	1	1
555		Plx1	0.282103	56	2	1,460	0.24	345	1	1
555		Plx2	0.306680	2		1,256	0.00	0	19	19
555		Plx3								
555		Plx4								
560	Malignancy Of Male Reproductive Organ		0.577685	6	2	2,936	0.38	1,102	12	12
560		Plx1	0.535866	6	2	2,936	0.38	1,102	13	13
560		Plx2								
560		Plx3								11
560		Plx4								
561	Male Reproductive System Inflammation		0.532401	121	42	2,401	0.74	1,769	14	14
561		Plx1	0.402722	112	34	1,983	0.60	1,198	11	11
561		Plx2	1.216846	6	4	5,889	0.42	2,492	21	21
561		Plx3	0.685182	2	2	3,347	0.80	2,665	13	13
561		Plx4	0.636150	1		3,470	0.66	2,276	22	22
562	Other Male Reproductive System Diagnoses		0.478913	22	6	2,488	1.50	3,743	10	10
562		Plx1	0.433486	21	6	2,488	1.50	3,743	10	10
562		Plx2	0.649292			2,815	0.39	1,106	22	22
562		Plx3	0.972535	1						73
562		Plx4								



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Costed Cases	Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		0.263924	14	3	1,353	0.38	515	4		
563		Pix1	0.245462	12	3	1,353	0.38	515	4		
563		Pix2	0.408930	2		1,674	0.00	0	4		
563		Pix3									1
563		Pix4									2
575	PWS - Pelvic Exenteration		5.470133	4	2	31,497	0.49	15,473	65		
575		Pix1	3.461688			21,399	0.00	0	32		
575		Pix2	4.101649	1		21,925	0.32	7,100	45		
575		Pix3									24
575		Pix4	8.059640	3	2	47,306	0.00	163	135		
576	PWS - Radical Hysterectomy And Vulvectomy		1.232078	152	51	7,152	0.27	1,956	14		
576		Pix1	1.096978	88	23	6,507	0.30	1,946	13		
576		Pix2	1.235805	24	11	7,376	0.22	1,614	14		
576		Pix3	1.629633	24	16	9,726	0.27	2,638	22		
576		Pix4	1.547021	16	4	9,174	0.31	2,877	27		
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		1.420185	154	66	7,729	0.53	4,068	22		
577		Pix1	1.048502	85	36	5,523	0.42	2,297	15		
577		Pix2	1.598894	32	17	9,302	0.38	3,538	22		
577		Pix3	1.582919	26	11	9,479	0.33	3,158	21		
577		Pix4	3.543737	11	7	20,992	0.54	11,400	52		
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		0.861094	367	125	4,172	0.42	1,734	9		
578		Pix1	0.718864	296	90	3,593	0.34	1,226	6		
578		Pix2	1.033993	28	15	5,816	0.26	1,522	11		
578		Pix3	1.412913	27	15	7,678	0.45	3,470	17		
578		Pix4	2.366388	16	4	13,083	0.59	7,690	33		
579	Major Uterine And Adnexal Procedures Without Malignancy		0.688868	6,314	2,385	3,094	0.37	1,151	6		
579		Pix1	0.636669	5,659	2,226	3,058	0.38	1,153	8		
579		Pix2	0.866780	371	195	4,625	0.38	1,740	12		
579		Pix3	1.078559	203	83	5,738	0.43	2,494	13		
579		Pix4	1.517864	81	39	7,886	0.57	4,505	20		



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
581	Reconstructive Gynecological Procedures		0.695725	1,386	529	3,231	0.47	1,529	8
581		Plx1	0.622245	1,228	461	3,038	0.46	1,389	8
581		Plx2	0.867675	98	51	4,892	0.38	1,860	10
581		Plx3	1.227218	46	22	6,455	0.56	3,622	16
581		Plx4	1.469926	14	7	8,239	0.42	3,452	17
582	Other Gynecological Procedures		0.622368	157	65	2,788	0.66	1,830	10
582		Plx1	0.537582	141	60	2,585	0.62	1,614	10
582		Plx2	1.423299	10	6	7,543	0.57	4,277	22
582		Plx3	1.001135	3		4,813	0.44	2,126	20
582		Plx4	2.755515	3	1	15,645	0.77	12,021	103
583	Radio-Implant For Malignancy		0.566213	86	34	3,345	0.26	883	8
583		Plx1	0.558639	83	34	3,345	0.26	883	8
583		Plx2	0.558639	1					6
583		Plx3	0.889068	2	1	4,704	0.79	3,739	15
583		Plx4							7
584	Vagina, Cervix And Vulva Procedures		0.408140	121	54	2,224	0.55	1,216	7
584		Plx1	0.385068	116	52	2,167	0.54	1,166	7
584		Plx2	0.718997	4	3	4,306	0.55	2,347	19
584		Plx3	0.663017	1		2,714	0.31	855	5
584		Plx4							1
585	Gynecological Laparoscopy (MNRH)		0.424949	154	81	1,908	0.46	871	7
585		Plx1	0.397390	150	81	1,908	0.46	871	7
585		Plx2	0.392996	2		1,637	1.10	1,804	12
585		Plx3	0.315791	1		1,529	0.49	755	13
585		Plx4	1.184002	1	1	6,949	0.00	0	9
586	Tubal Interruption (MNRH)		0.666318	66	7	2,325	0.58	1,349	4
586		Plx1	0.601513	66	7	2,325	0.58	1,349	4
586		Plx2							
586		Plx3							
586		Plx4							



### Schedule 3 -- Inpatient Statistical Background

2000/2001										
CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
						Average Cost				
587	Miscellaneous Gynecological Procedures (MNRH)		0.262880	436	141	1,227	0.65	801	4	4
587		Pix1	0.244278	428	140	1,220	0.65	797	4	4
587		Pix2	0.406124	3		2,259	1.24	2,810	20	20
587		Pix3	1.414830	3		6,717	0.63	4,210	39	39
587		Pix4	0.676564	2	1	2,638	0.00	0	33	33
592	Malignancy Of Female Reproductive Organ		1.107523	152	52	5,925	0.80	4,730	38	38
592		Pix1	0.775157	82	30	4,233	0.83	3,532	26	26
592		Pix2	1.201907	38	11	6,608	0.64	4,244	45	45
592		Pix3	1.859615	20	4	9,249	0.33	3,044	42	42
592		Pix4	2.228291	12	8	13,156	0.52	6,790	86	86
594	Female Reproductive System Infection		0.366826	258	53	1,756	0.56	976	8	8
594		Pix1	0.341286	252	52	1,728	0.56	970	8	8
594		Pix2	0.586080	4	1	3,065	0.57	1,751	16	16
594		Pix3	0.143368	1		694	0.00	0	9	9
594		Pix4	0.341286	1			2		2	2
595	Other Female Reproductive System Diagnoses And Injuries		0.267247	132	39	1,254	0.58	730	7	7
595		Pix1	0.244743	129	37	1,208	0.57	688	7	7
595		Pix2	0.498291	2	2	2,433	0.34	835	6	6
595		Pix3							6	6
595		Pix4	2.065516	1					2	2
596	Miscellaneous Gynecological Diagnoses (MNRH)		0.273229	630	149	1,350	0.77	1,042	7	7
596		Pix1	0.245116	595	139	1,259	0.74	931	7	7
596		Pix2	0.345847	24	6	2,072	0.56	1,162	11	11
596		Pix3	0.437497	5	2	2,491	0.70	1,744	17	17
596		Pix4	1.073554	6	2	5,532	0.74	4,079	33	33
599	Premature Labour		0.553113	734	145	2,701	0.66	1,795	13	13
599		Pix9	0.523417	734	145	2,701	0.66	1,795	13	13
600	Major Procedures In Pregnancy Or Childbirth		1.945249	91	45	9,194	0.75	6,892	19	19
600		Pix9	1.826923	91	45	9,194	0.75	6,892	19	19



### Schedule 3 -- Inpatient Statistical Background

2000/2001										
CMG Code	Description	Complexity Level	SWRV	Activity	Blended		Coefficient of Variation	Standard Deviation	Trim Point	
					Costed Cases	Average Cost				
601	Repeat Caesarean Delivery With Complicating Diagnosis		0.690759	941	426	3,285	0.33	1,076	6	
		P1x9	0.651117	941	426	3,285	0.33	1,076	6	
602	Caesarean Delivery With Complicating Diagnosis		0.794749	2,533	1,016	3,801	0.39	1,472	9	
602		P1x9	0.747453	2,533	1,016	3,801	0.39	1,472	9	
603	Repeat Caesarean Delivery		0.627070	1,568	510	2,839	0.36	1,028	6	
603		P1x9	0.583546	1,568	510	2,839	0.36	1,028	6	
604	Caesarean Delivery		0.688534	2,581	972	3,187	0.27	863	6	
604		P1x9	0.641008	2,581	972	3,187	0.27	863	6	
605	Fetal Surgery		0.353577	5	1	1,984	0.47	923	13	
605		P1x9	0.344528	5	1	1,984	0.47	923	13	
606	Vaginal Delivery With Sterilization Procedures		0.639543	152	65	2,466	0.39	956	5	
606		P1x9	0.584212	152	65	2,466	0.39	956	5	
607	Vaginal Delivery With Minor Procedures		0.575285	231	63	2,436	0.44	1,081	5	
607		P1x9	0.531114	231	63	2,436	0.44	1,081	5	
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		0.442431	494	238	2,186	0.39	854	5	
608		P1x9	0.420382	494	238	2,186	0.39	854	5	
609	Vaginal Delivery With Complicating Diagnosis		0.428790	10,668	4,605	2,076	0.45	939	5	
609		P1x9	0.404211	10,668	4,605	2,076	0.45	939	5	
610	Vaginal Delivery After Caesarean Delivery (VBAC)		0.404625	729	280	1,889	0.36	681	4	
610		P1x9	0.379345	729	280	1,889	0.36	681	4	
611	Vaginal Delivery		0.361891	16,831	5,735	1,694	0.50	839	4	
611		P1x9	0.338559	16,831	5,735	1,694	0.50	839	4	
612	Ectopic Pregnancy With Major Procedures		0.554917	282	101	2,663	0.43	1,156	7	
612		P1x9	0.521883	282	101	2,663	0.43	1,156	7	
613	Ectopic Pregnancy With Minor Procedures		0.435484	284	145	2,042	0.32	657	4	
613		P1x9	0.408483	284	145	2,042	0.32	657	4	
614	Ectopic Pregnancy		0.145742	101	14	754	0.54	407	1	
614		P1x9	0.139782	101	14	754	0.54	407	1	
615	Threatened Abortion		0.261507	306	32	1,132	0.92	1,041	4	

### Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2000/2001			Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Average Cost	Blended Average Cost			
615	Pix9	0.243470	306	32	1,132	0.92	1,041	4	
616 Abortive Outcome With Injection		0.471511	9	5	2,778	0.32	886	1	
616	Pix9	0.467388	9	5	2,778	0.32	886	1	
617 Abortive Outcome With D And C		0.190712	1,546	494	860	0.47	405	1	
617	Pix9	0.176485	1,546	494	860	0.47	405	1	
618 Abortive Outcome		0.211798	575	105	853	0.73	619	4	
618	Pix9	0.194725	575	105	853	0.73	619	4	
619 False Labour LOS < 3 Days (MNRH)		0.215953	1,573	182	985	0.51	506	1	
619	Pix9	0.201195	1,573	182	985	0.51	506	1	
620 Post-Partum Diagnosis With Procedures Other Than D And C		0.753516	44	16	3,840	0.53	2,053	13	
620	Pix9	0.720050	44	16	3,840	0.53	2,053	13	
621 Post-Partum Diagnosis With D And C		0.272337	248	83	1,213	0.60	727	4	
621	Pix9	0.253730	248	83	1,213	0.60	727	4	
622 Post-Partum Diagnosis		0.300720	835	263	1,483	0.58	862	7	
622	Pix9	0.283076	835	263	1,483	0.58	862	7	
623 Antepartum Diagnosis With Complicating Diagnosis		0.350613	1,760	342	1,680	0.62	1,038	7	
623	Pix9	0.329411	1,760	342	1,680	0.62	1,038	7	
624 Antepartum Diagnosis		0.310571	2,226	321	1,386	0.58	809	4	
624	Pix9	0.289563	2,226	321	1,386	0.58	809	4	
625 PWS - Neonates Weight < 750 Grams		12.454853	145	36	73,886	0.87	64,132	112	
625	Pix9	12.161044	145	36	73,886	0.87	64,132	112	
626 PWS - Neonates Weight 750-999 Grams		10.309844	145	79	60,019	0.88	53,010	177	
626	Pix9	10.050979	145	79	60,019	0.88	53,010	177	
627 PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		6.767324	5	1	38,741	1.49	57,772	90	
627	Pix9	6.520305	5	1	38,741	1.49	57,772	90	
628 PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		5.461277	382	197	29,451	0.85	24,900	96	
628	Pix9	5.193985	382	197	29,451	0.85	24,900	96	
630 PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		9.400291	6	4	54,411	0.94	50,877	38	
630	Pix9	9.070988	6	4	54,411	0.94	50,877	38	



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		4.020380	164	98	22,253	0.85	18,968	66
631		P1x9	3.832376	164	98	22,253	0.85	18,968	66
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		2.117964	580	200	10,255	0.81	8,352	47
632		P1x9	1.987040	580	200	10,255	0.81	8,352	47
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		4.234443	8	1	17,316	0.42	7,224	41
636		P1x9	3.560301	8	1	17,316	0.42	7,224	41
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		2.714781	210	133	14,640	1.23	17,972	42
637		P1x9	2.551002	210	133	14,640	1.23	17,972	42
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		1.564598	266	155	8,063	0.98	7,871	28
638		P1x9	1.465599	266	155	8,063	0.98	7,871	28
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		0.821306	1,040	402	3,883	0.92	3,573	21
639		P1x9	0.767432	1,040	402	3,883	0.92	3,573	21
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		0.209326	337	132	970	0.49	480	4
640		P1x9	0.197045	337	132	970	0.49	480	4
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		5.440369	38	23	32,217	1.21	38,862	51
643		P1x9	5.095259	38	23	32,217	1.21	38,862	51
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		1.639054	842	402	9,079	1.19	10,840	20
644		P1x9	1.536548	842	402	9,079	1.19	10,840	20
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		0.688664	1,941	961	3,507	1.20	4,207	11
645		P1x9	0.630263	1,941	961	3,507	1.20	4,207	11
646	Neonates Weight > 2500 gm With Caesarian Delivery		0.322063	6,145	2,314	1,472	0.42	615	6
646		P1x9	0.300011	6,145	2,314	1,472	0.42	615	6
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		0.365533	3,338	1,273	1,866	0.97	1,803	7
647		P1x9	0.344781	3,338	1,273	1,866	0.97	1,803	7
648	Neonates Weight > 2500 gm (Normal Newborn)		0.171327	25,212	9,372	790	0.48	382	4
648		P1x9	0.159949	25,212	9,372	790	0.48	382	4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		12.185918	106	78	72,032	0.65	46,540	122
650		P1x1	3.171539	7	4	19,399	0.76	14,656	40
650		P1x2	4.388580	4	3	24,628	0.47	11,498	47



## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	2000/2001			Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
			SWRV	Activity	Costed Cases				
650		Pix3	4,523,019	9	4	26,707	0.40	10,636	118
650		Pix4	12,211,749	86	67	77,077	0.60	45,930	132
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma	Pix9	6,305,744	1	1	28,549	0.52	14,910	85
651		Pix9	5,631,663	1	1	29,054	0.52	15,098	85
652	PWS - Intracranial Procedures With Femur Procedures For Trauma	Pix9	7,017,429	3	3	41,640	0.64	26,615	86
652		Pix9	6,833,825	3	3	41,640	0.64	26,615	86
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma	Pix9	4,941,617	32	22	29,259	0.56	16,370	64
653		Pix9	4,780,297	32	22	29,259	0.56	16,370	64
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	4,285,982	8	6	25,400	0.54	13,823	55
654		Pix9	4,069,084	8	6	25,400	0.54	13,823	55
655	PWS - Spinal Procedures With Femur Procedures For Trauma	Pix9	4,681,668	11	8	28,092	0.59	16,511	40
655		Pix9	4,436,885	11	8	28,092	0.59	16,511	40
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma	Pix9	5,423,427	4	3	32,766	0.60	19,615	54
656		Pix9	5,111,711	4	3	32,766	0.60	19,615	54
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	3,833,135	10	8	22,880	0.53	12,105	45
657		Pix9	3,656,234	10	8	22,880	0.53	12,105	45
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	3,508,808	108	76	20,713	0.67	13,864	44
658		Pix9	3,310,337	108	76	20,713	0.67	13,864	44
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma	Pix9	4,525,116	21	14	26,447	0.89	23,586	60
659		Pix9	4,284,995	21	14	26,447	0.89	23,586	60
660	PWS - Intracranial Procedures For Trauma	Pix1	2,610,917	181	155	15,577	0.92	14,290	34
660		Pix1	1,198,961	88	73	7,574	0.74	5,568	18
660		Pix2	2,085,856	26	22	13,042	0.50	6,487	36
660		Pix3	2,147,132	13	11	13,489	0.60	8,091	28
660		Pix4	5,262,940	54	45	32,767	0.57	18,620	52
661	PWS - Spinal Procedures For Trauma	Pix1	2,431,156	132	101	14,496	0.69	10,058	31
661		Pix1	1,660,344	76	61	10,448	0.47	4,886	23
661		Pix2	2,830,015	26	22	17,577	0.49	8,624	35
661		Pix3	3,075,050	16	10	18,935	0.39	7,343	27



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
661		Pk4	7.040648	14	12	43,828	0.43	18,972	66
662	Femur Or Pelvic Procedures For Trauma		1.365180	1,555	952	7,262	0.54	3,933	29
662		Pk1	1.081006	1,110	655	6,153	0.43	2,641	23
662		Pk2	1.578334	279	164	8,839	0.51	4,473	40
662		Pk3	2.153875	145	82	12,086	0.53	6,426	52
662		Pk4	3.167636	121	71	18,245	0.74	13,511	78
663	Thoraco-Abdominal Procedures For Trauma		1.877852	210	113	10,707	0.89	9,523	23
663		Pk1	1.225890	109	60	7,323	0.58	4,237	16
663		Pk2	1.624364	41	21	9,507	0.49	4,646	23
663		Pk3	2.141272	29	18	13,114	0.52	6,800	28
663		Pk4	4.954988	31	17	30,847	0.80	24,711	56
664	Wound Debridement And Skin Graft For Trauma		1.324605	828	470	7,578	0.91	6,916	25
664		Pk1	0.905265	646	355	5,411	0.72	3,887	16
664		Pk2	1.926611	113	71	11,775	0.61	7,132	30
664		Pk3	2.656360	36	24	16,331	0.53	8,622	38
664		Pk4	5.526633	33	22	34,574	0.65	22,350	70
665	PWS - Elevated Skull Fractures		1.305114	20	19	7,799	0.73	5,679	20
665		Pk1	0.878715	12	11	5,611	0.65	3,664	11
665		Pk2	1.744652	7	7	10,810	0.42	4,552	18
665		Pk3	3.047700			16,724	0.12	2,039	13
665		Pk4	3.326547	1	1	19,299	0.23	4,366	20
666	Major Lower Extremity Procedures For Trauma		0.681526	2,843	1,525	3,613	0.50	1,800	8
666		Pk1	0.622272	2,619	1,460	3,507	0.48	1,668	8
666		Pk2	1.537570	140	86	9,204	0.60	5,488	25
666		Pk3	2.064512	51	31	12,561	0.74	9,317	36
666		Pk4	3.153264	33	21	19,037	0.74	14,065	50
667	Minor Lower Extremity Procedures For Trauma		0.528792	76	44	2,802	0.52	1,456	7
667		Pk1	0.495304	74	43	2,778	0.52	1,455	7
667		Pk2	1.594914	2	2	9,886	0.70	6,966	36
667		Pk3							

## Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
667		Pix4							5
668	Miscellaneous Musculoskeletal Procedures For Trauma		0.843282	384	264	4,748	0.72	3,435	11
668		Pix1	0.682252	352	232	4,041	0.52	2,100	8
668		Pix2	1.583356	20	14	9,621	0.56	5,395	17
668		Pix3	2.338388	9	5	14,401	0.49	7,102	23
668		Pix4	3.073645	3	3	19,168	0.46	8,813	32
669	Vascular Repair For Trauma		0.863199	45	23	4,876	0.70	3,415	12
669		Pix1	0.737003	39	20	4,392	0.58	2,556	10
669		Pix2	1.663041	4	2	7,977	0.61	4,905	16
669		Pix3	1.810287	1	1	9,337	0.49	4,888	8
669		Pix4	4.858231	1	1	25,825	0.22	5,695	34
670	Upper Extremity Procedures For Trauma		0.511084	1,879	1,050	2,725	0.51	1,387	7
670		Pix1	0.445898	1,792	963	2,515	0.43	1,087	4
670		Pix2	0.995333	70	41	5,690	0.53	3,027	18
670		Pix3	1.774649	12	8	9,176	0.89	8,200	33
670		Pix4	3.022511	5	5	18,766	0.52	9,849	43
674	PWS - Intracranial Injuries With Spinal Injuries		1.805967	31	21	10,717	0.99	10,632	37
674		Pix9	1.703555	31	21	10,717	0.99	10,632	37
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		2.464308	12	9	14,354	1.03	14,839	28
675		Pix9	2.399991	12	9	14,354	1.03	14,839	28
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		2.482544	31	23	14,290	0.77	11,014	36
676		Pix9	2.350467	31	23	14,290	0.77	11,014	36
677	Spinal Injuries With Fractures Of Femur		1.215076	43	25	6,790	0.67	4,562	38
677		Pix9	1.153239	43	25	6,790	0.67	4,562	38
678	Spinal Injuries With Thoraco-Abdominal Injuries		1.479068	81	41	8,673	1.03	8,973	24
678		Pix9	1.403448	81	41	8,673	1.03	8,973	24
679	Fractures Of Femur With Thoraco-Abdominal Injuries		1.990514	43	25	11,746	0.80	9,347	39
679		Pix9	1.887439	43	25	11,746	0.80	9,347	39
680	Femur Or Pelvic Fractures And Dislocations		0.998349	681	230	4,934	0.84	4,130	41



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
680		P1x1	0.765663	520	163	4,059	0.82	3,338	34
680		P1x2	1.347838	88	35	6,906	0.60	4,159	56
680		P1x3	1.325225	38	19	7,377	0.91	6,730	66
680		P1x4	2.134267	35	15	12,445	1.01	12,573	82
681	Frostbite		1.756966	22	6	10,595	0.51	5,387	34
681		P1x1	1.398028	19	4	8,888	0.57	5,089	26
681		P1x2	1.962912	1	1	12,565	0.80	7,492	23
681		P1x3	1.826432	1	1	10,327	0.67	6,872	13
681		P1x4	2.564416	1					99
682	Spinal Injuries		0.628704	624	251	3,504	0.80	2,808	20
682		P1x1	0.545282	535	219	3,229	0.68	2,194	17
682		P1x2	0.711055	65	25	4,074	0.78	3,169	31
682		P1x3	1.546122	15	6	8,578	0.66	5,660	43
682		P1x4	3.167974	9	6	19,544	0.68	13,344	70
683	Intracranial Injuries		0.849706	339	201	4,954	1.11	5,503	19
683		P1x1	0.547233	259	148	3,391	0.95	3,215	13
683		P1x2	1.259815	30	19	7,501	0.89	6,666	30
683		P1x3	1.443285	23	19	8,695	0.85	7,429	30
683		P1x4	2.425309	27	17	15,063	0.68	10,206	34
684	Fracture Of Humerus		0.683783	217	72	3,514	0.93	3,267	31
684		P1x1	0.471308	196	60	2,565	0.91	2,332	25
684		P1x2	1.520919	14	8	8,891	0.72	6,407	111
684		P1x3	1.166773	6	3	6,707	0.30	2,027	56
684		P1x4	1.400994	1		6,267	0.37	2,339	70
685	Hip And Thigh Injuries		0.655621	168	40	2,978	0.88	2,635	23
685		P1x1	0.520411	147	36	2,554	0.87	2,232	20
685		P1x2	0.635067	11	1	3,406	0.62	2,101	42
685		P1x3	1.333711	9	4	5,956	0.70	4,170	40
685		P1x4	1.929598	1	1	7,738	1.27	9,840	127
686	Major Nerve Injuries		0.775990	6	3	4,416	0.64	2,811	12



### Schedule 3 -- Inpatient Statistical Background

2000/2001										
CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
						Average Cost				
686		Pix1	0.729009	5	3	4,246		0.74	3,154	10
686		Pix2	1.470747	1		6,863		0.55	3,765	13
686		Pix3	0.888973			5,495		0.00	0	5
686		Pix4	3.965308			24,512		0.00	0	42
687	Thoraco-Abdominal Injuries		0.735775	922	383	4,008		0.80	3,218	17
687		Pix1	0.597649	748	294	3,426		0.77	2,637	14
687		Pix2	0.994048	83	39	5,585		0.68	3,773	26
687		Pix3	1.214845	60	38	7,118		0.67	4,771	26
687		Pix4	3.176509	31	14	17,942		1.08	19,401	51
688	Weight Bearing Injuries		0.397757	681	242	2,166		0.82	1,784	13
688		Pix1	0.340945	628	223	1,959		0.79	1,541	10
688		Pix2	1.298320	31	12	7,197		0.74	5,295	46
688		Pix3	0.734157	15	7	4,265		0.48	2,027	32
688		Pix4	2.356166	7	2	12,928		0.67	8,677	115
689	Genito-Urinary Injuries		0.410803	109	53	2,175		0.87	1,903	10
689		Pix1	0.325278	91	42	1,787		0.81	1,443	10
689		Pix2	0.713052	11	8	4,168		0.57	2,361	16
689		Pix3	1.282061	6	4	7,482		0.47	3,521	22
689		Pix4	2.119231	1	1	12,488		1.04	12,991	23
690	Crushing Injuries And Contusions		0.390890	594	135	2,031		0.70	1,424	10
690		Pix1	0.338529	543	122	1,878		0.68	1,277	10
690		Pix2	0.957503	33	9	4,824		0.74	3,562	30
690		Pix3	1.206046	12	4	5,933		0.44	2,598	28
690		Pix4	0.972170	6	5	5,651		0.75	4,247	21
691	Minor Lower Extremity Fractures		0.228938	28	6	1,272		0.61	782	4
691		Pix1	0.214820	25	6	1,272		0.61	782	4
691		Pix2	0.591125	3		2,862		0.00	0	22
691		Pix3								1
691		Pix4								
692	Wounds		0.335218	740	199	1,777		0.61	1,077	4



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
692		Plx1	0.313938	698	191	1,768	0.61	1,083	4
692		Plx2	0.843159	18	8	5,006	1.22	6,130	17
692		Plx3	0.733428	20	6	4,133	0.73	3,003	14
692		Plx4	1.241760	4		6,093	0.48	2,929	53
693	Amputations Or Vascular And Other Nerve Injuries		0.509092	74	28	2,770	0.78	2,151	7
693		Plx1	0.484109	72	27	2,798	0.79	2,213	7
693		Plx2	0.822451	1		4,405	0.52	2,276	20
693		Plx3	0.577864	1	1	2,898	0.85	2,476	3
693		Plx4							32
694	Facial Injuries		0.431424	329	163	2,397	0.66	1,571	7
694		Plx1	0.370185	311	151	2,202	0.55	1,214	4
694		Plx2	0.821892	14	5	4,836	0.90	4,349	19
694		Plx3	1.120187	2	2	5,840	0.61	3,585	12
694		Plx4	0.448834	2	1	2,420	0.24	569	14
695	Other Cranial Injuries		0.306848	1,159	279	1,736	1.02	1,763	4
695		Plx1	0.266905	1,082	260	1,569	0.76	1,187	4
695		Plx2	0.644411	42	17	3,942	0.69	2,723	16
695		Plx3	0.582191	28	13	3,519	0.81	2,860	10
695		Plx4	1.749833	7	5	10,716	0.61	6,578	19
696	Upper Extremity Fractures		0.309426	884	229	1,715	0.52	893	4
696		Plx1	0.290695	842	222	1,688	0.51	857	4
696		Plx2	0.782107	29	12	4,370	0.57	2,508	30
696		Plx3	0.925858	10	3	4,926	0.51	2,508	33
696		Plx4	3.892969	3	2	22,713	0.43	9,667	80
700	PWS - Bone Marrow Transplant		7.104892	199	121	41,901	0.48	20,099	62
700		Plx1	4.105311	15	7	24,478	0.58	14,182	46
700		Plx2	6.053937	14	9	36,638	0.27	9,871	46
700		Plx3	4.946813	20	9	29,931	0.36	10,862	41
700		Plx4	7.413869	150	95	44,492	0.47	21,123	63
701	Splenectomy		1.222837	61	42	6,767	0.49	3,316	17



### Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	Costed Cases	2000/2001			Coefficient of Variation	Standard Deviation	Trim Point
					Blended Average	Cost	Point			
701	Pix1	1.025723	43	32	6,072	0.36	2,176	12		
701	Pix2	0.963538	4	3	6,111	0.27	1,638	18		
701	Pix3	2.895006	8	6	15,990	0.53	8,484	54		
701	Pix4	2.978360	6	2	16,467	0.24	3,995	32		
703 Other O.R. Procedures Of Blood And Blood-Forming Organs		0.833662	105	61	4,702	0.70	3,293	19		
703	Pix1	0.656615	82	51	3,863	0.60	2,328	13		
703	Pix2	1.354220	13	5	8,131	0.65	5,266	38		
703	Pix3	1.154721	6	3	7,062	0.41	2,887	22		
703	Pix4	3.972134	4	2	25,226	0.59	14,858	90		
704 Red Blood Cell Disorders		0.691417	1,273	320	3,638	0.97	3,531	17		
704	Pix1	0.571662	856	193	3,188	0.97	3,088	16		
704	Pix2	0.856999	248	68	3,632	1.00	3,625	20		
704	Pix3	0.892972	123	45	5,115	0.77	3,926	27		
704	Pix4	2.389508	46	16	14,734	1.12	16,532	48		
709 Coagulation Disorders		0.482311	371	150	2,629	0.75	1,971	13		
709	Pix1	0.393917	271	103	2,304	0.72	1,659	10		
709	Pix2	0.506826	58	26	2,894	0.70	2,022	16		
709	Pix3	1.056720	30	17	6,368	0.93	5,902	24		
709	Pix4	1.601694	12	8	8,464	1.22	10,309	53		
710 Reticuloendothelial And Immunity Disorders		0.767688	624	261	4,351	0.71	3,097	15		
710	Pix1	0.614537	297	142	3,705	0.67	2,475	14		
710	Pix2	1.026903	53	24	5,907	0.66	3,911	24		
710	Pix3	0.773275	171	71	4,527	0.60	2,715	15		
710	Pix4	1.780893	103	30	10,793	0.78	8,375	29		
725 Major Leukemia And Lymphoma Procedures		1.462875	192	122	8,363	0.81	6,764	30		
725	Pix1	1.063542	127	90	6,538	0.62	4,050	17		
725	Pix2	1.720783	26	15	10,244	0.63	6,444	32		
725	Pix3	2.855276	14	8	17,076	0.60	10,279	51		
725	Pix4	6.253036	25	16	37,646	0.64	24,179	158		
726 Acute Leukemia Without Major Procedures		2.607127	270	166	15,000	1.10	16,555	50		



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
726		Plx1	0.901876	99	52	5,500	0.82	4,528	16
726		Plx2	1.934849	26	13	11,072	0.76	8,443	40
726		Plx3	1.995215	37	21	12,321	0.70	8,606	37
726		Plx4	5.409135	108	79	33,199	0.93	30,875	91
728	Lymphoma And Chronic Leukemia With Other Procedures		1.852858	182	105	10,206	1.07	10,885	41
728		Plx1	1.041512	124	66	5,828	0.93	5,397	21
728		Plx2	1.943725	20	12	10,921	0.69	7,556	55
728		Plx3	2.579404	13	7	15,890	0.55	8,773	58
728		Plx4	5.254657	25	18	31,432	0.96	30,038	79
730	Lymphoma And Chronic Leukemia		1.725508	856	314	9,685	0.96	9,282	42
730		Plx1	0.954108	409	109	5,580	0.84	4,691	26
730		Plx2	1.279768	161	49	7,142	0.75	5,368	40
730		Plx3	1.864351	120	59	10,927	0.71	7,755	51
730		Plx4	2.811793	166	100	16,796	0.77	12,889	59
733	Major Ill-Defined Neoplasm Procedures		2.076709	110	63	11,765	0.70	8,265	34
733		Plx1	1.382593	51	27	8,027	0.59	4,757	21
733		Plx2	1.980663	22	15	11,232	0.47	5,230	32
733		Plx3	2.585310	15	10	15,656	0.60	9,335	35
733		Plx4	6.775580	22	16	41,579	1.26	52,488	93
734	Ill-Defined Neoplasm With Other Procedures		1.832907	88	48	10,141	0.94	9,544	41
734		Plx1	0.970398	54	27	5,723	0.73	4,156	19
734		Plx2	1.759779	12	5	10,527	0.67	7,081	69
734		Plx3	2.398207	12	7	14,620	0.47	6,847	38
734		Plx4	4.489902	10	8	26,157	0.52	13,573	48
735	PWS - Radiation Therapy		1.110086	147	117	6,538	0.61	3,959	34
735		Plx1	0.882916	75	57	5,281	0.57	3,016	33
735		Plx2	1.280867	38	33	7,566	0.51	3,838	36
735		Plx3	1.424160	19	16	8,427	0.50	4,252	39
735		Plx4	2.412464	15	15	14,160	0.57	8,033	66
736	Chemotherapy		0.613673	847	573	3,629	0.59	2,152	9



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
736		Pix1	0.561977	698	491	3,478	0.58	2,016	8
736		Pix2	0.788022	70	41	4,745	0.66	3,124	11
736		Pix3	1.292206	52	38	7,546	0.69	5,215	40
736		Pix4	3.192694	27	19	19,138	0.59	11,199	73
737	Other Poorly Differentiated Neoplastic Diagnoses								
737		Pix1	1.290482	268	84	5,491	0.70	4,560	39
737		Pix2	0.936524	133	37	4,970	0.70	3,478	33
737		Pix3	1.367967	68	21	7,491	0.67	4,995	39
737		Pix4	1.508820	38	14	7,561	0.61	4,593	50
737		Pix4	1.720960	29	12	9,481	0.59	5,606	57
750	Multisystemic Or Unspecified Site Infections With Surgery								
750		Pix1	2.635856	465	225	14,489	1.20	17,340	56
750		Pix2	1.184237	210	107	6,621	0.80	5,265	27
750		Pix3	2.039720	53	25	12,136	0.73	8,859	42
750		Pix4	2.334729	55	37	13,246	0.80	10,596	53
750		Pix4	7.941907	147	70	48,484	0.96	46,449	121
751	Septicemia								
751		Pix1	1.039902	906	334	5,443	1.12	6,105	21
751		Pix2	0.626586	442	162	3,445	0.74	2,560	17
751		Pix3	0.826128	166	57	4,616	0.75	3,443	24
751		Pix4	1.190054	141	50	6,741	1.04	6,990	30
751		Pix4	2.183072	157	67	12,756	1.02	12,997	45
756	Post-Operative And Post-Traumatic Infections								
756		Pix1	0.650781	815	286	3,322	0.89	2,944	15
756		Pix2	0.513453	604	205	2,720	0.75	2,045	14
756		Pix3	0.877571	119	44	5,083	0.77	3,923	24
756		Pix4	0.658907	59	26	3,806	0.74	2,817	20
756		Pix4	2.079714	33	19	12,585	0.92	11,571	50
757	Viral Illness								
757		Pix1	0.401732	882	255	2,002	0.97	1,945	10
757		Pix2	0.323983	747	185	1,713	0.93	1,587	7
757		Pix3	0.465632	58	22	2,402	0.50	1,205	11
757		Pix4	0.411068	60	31	2,266	0.57	1,284	11
757		Pix4	2.214166	17	14	13,173	1.17	15,392	32
761	Fever Of Unknown Origin								
761		Pix1	0.444910	491	165	2,396	0.74	1,763	10



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
761		Plx1	0.384253	407	129	2,186	0.73	1,597	10
761		Plx2	0.560084	45	20	3,234	0.75	2,414	14
761		Plx3	0.727128	30	16	4,331	0.72	3,136	20
761		Plx4	1.173029	9	7	6,661	0.92	6,106	40
763	Other Infectious Diagnoses		0.761369	178	64	4,280	0.88	3,762	20
763		Plx1	0.457304	123	38	2,680	0.75	1,998	14
763		Plx2	1.576176	19	6	9,785	1.02	9,944	37
763		Plx3	0.982869	24	12	5,489	0.93	5,123	33
763		Plx4	2.986541	12	8	19,070	1.08	20,528	51
764	Depressive Mood Disorders With ECT		3.033818	463	212	13,753	0.60	8,317	105
764		Plx9	2.804951	463	212	13,753	0.60	8,317	105
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		2.076990	763	275	10,139	0.83	8,442	73
765		Plx9	1.958971	763	275	10,139	0.83	8,442	73
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		1.392020	2,613	708	6,529	0.76	4,993	59
766		Plx9	1.296245	2,613	708	6,529	0.76	4,993	59
767	Depressive Mood Disorders LOS < 6 Days		0.295780	1,168	204	1,360	0.63	855	8
767		Plx9	0.276071	1,168	204	1,360	0.63	855	8
768	Bipolar Mood Disorders, Manic With ECT		3.925605	40	23	15,415	0.81	12,465	145
768		Plx9	3.582057	40	23	15,415	0.81	12,465	145
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		2.127364	148	60	10,658	0.70	7,488	72
769		Plx9	1.997524	148	60	10,658	0.70	7,488	72
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		1.601666	1,062	415	7,716	0.77	5,929	73
770		Plx9	1.494450	1,062	415	7,716	0.77	5,929	73
771	Bipolar Mood Disorders LOS < 6 Days		0.302823	156	41	1,399	0.50	706	10
771		Plx9	0.281079	156	41	1,399	0.50	706	10
772	Dementia With Or Without Delirium With Axis III Diagnosis		3.209687	564	163	15,116	0.80	12,068	136
772		Plx9	2.976391	564	163	15,116	0.80	12,068	136
773	Dementia With Or Without Delirium Without Axis III Diagnosis		2.645866	506	101	11,858	0.82	9,770	174
773		Plx9	2.420783	506	101	11,858	0.82	9,770	174



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
774	Organic Mental Disorders Induced By Drugs	Pix9	0.826146	399	107	4,389	0.74	3,237	48
774		Pix9	0.780350	399	107	4,389	0.74	3,237	48
775	Schizophrenia And Other Psychotic Disorders With ECT	Pix9	4.617577	55	22	20,667	0.80	16,608	183
775		Pix9	4.231256	55	22	20,667	0.80	16,608	183
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis	Pix9	2.524720	408	184	12,590	0.74	9,291	92
776		Pix9	2.382242	408	184	12,590	0.74	9,291	92
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis	Pix9	1.844151	2,285	730	8,977	0.82	7,330	95
777		Pix9	1.727251	2,285	730	8,977	0.82	7,330	95
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days	Pix9	0.322700	434	101	1,493	0.53	798	10
778		Pix9	0.299914	434	101	1,493	0.53	798	10
779	Dissociative Disorders	Pix9	0.707780	116	43	3,421	0.69	2,360	32
779		Pix9	0.855919	116	43	3,421	0.69	2,360	32
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis	Pix9	1.056283	300	96	5,629	1.06	5,986	33
780		Pix9	0.991919	300	96	5,629	1.06	5,986	33
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis	Pix9	0.465014	449	70	2,326	0.88	2,048	17
781		Pix9	0.431781	449	70	2,326	0.88	2,048	17
783	Psychoactive Substance Dependence	Pix9	0.767159	1,333	274	3,711	0.91	3,360	32
783		Pix9	0.722384	1,333	274	3,711	0.91	3,360	32
784	Psychoactive Substance Abuse	Pix9	0.496665	637	103	2,332	0.88	2,045	22
784		Pix9	0.464296	637	103	2,332	0.88	2,045	22
785	Developmental Delay	Pix9	2.875366	75	28	16,561	0.92	15,208	101
785		Pix9	2.779333	75	28	16,561	0.92	15,208	101
786	Disruptive Behaviour Disorders	Pix9	2.128658	482	116	11,720	0.99	11,625	58
786		Pix9	2.054612	482	116	11,720	0.99	11,625	58
787	Eating Disorders	Pix9	2.840629	129	79	16,396	0.87	14,244	115
787		Pix9	2.647856	129	79	16,396	0.87	14,244	115
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis	Pix9	2.608654	482	228	12,994	0.86	11,222	112
788		Pix9	2.444066	482	228	12,994	0.86	11,222	112
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis	Pix9	1.694853	572	166	7,982	0.88	7,060	101



## Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	Costed Cases	2000/2001		
					Blended Average Cost	Coefficient of Variation	Standard Deviation
							Point
789	P1x9	1.566382	572	166	7,982	0.88	7,060
790							101
790							17
790	P1x9	0.521116	107	28	2,703	0.76	2,065
790							17
791	P1x9	0.491635	107	28	2,703	0.76	2,065
791							17
791	P1x9	0.850618	661	88	4,321	0.92	3,972
791							28
791	P1x9	0.800111	661	88	4,321	0.92	3,972
791							28
792	P1x9	0.659142	1,402	417	3,301	0.99	3,276
792							29
792	P1x9	0.623105	1,402	417	3,301	0.99	3,276
792							29
793	P1x9	1.224810	67	17	6,062	1.09	6,621
793							51
793	P1x9	1.149505	67	17	6,062	1.09	6,621
793							51
794	P1x9	0.758098	308	70	3,496	0.86	3,008
794							41
794	P1x9	0.696937	308	70	3,496	0.86	3,008
794							41
795	P1x9	0.865074	48	3	4,304	0.85	3,646
795							852
795	P1x9	1.349793	48	3	6,823	0.80	5,485
795							852
796	P1x9	1.183740	18	4	6,912	0.81	5,614
796							46
796	P1x9	1.157815	18	4	6,912	0.81	5,614
796							46
797	P1x9	1.396422	85	21	7,162	1.19	8,513
797							60
797	P1x9	1.349820	85	21	7,162	1.19	8,513
797							60
803	P1x9	2.569064	414	212	13,882	0.90	12,497
803							42
803	P1x1	1.688158	197	108	9,599	0.54	5,181
803							23
803	P1x2	2.543912	74	40	14,167	0.98	13,904
803							34
803	P1x3	2.577709	56	28	14,908	0.82	12,168
803							47
803	P1x4	6.874229	87	43	41,315	1.36	56,369
803							104
804	P1x1	1.028575	718	415	5,698	1.02	5,820
804							22
804	P1x1	0.700918	538	296	4,112	0.82	3,380
804							13
804	P1x2	1.524113	75	49	9,154	0.78	7,123
804							34
804	P1x3	1.407201	52	34	8,351	0.58	4,875
804							25
804	P1x4	4.546949	53	39	26,617	0.79	20,908
804							94
805	P1x1	0.525851	119	52	2,490	1.08	2,695
805							7
805	P1x1	0.414452	107	48	2,142	0.56	1,210
805							7



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Blended Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Cost				
805		Pix2	0.908265	7	4	4,590	0.41	1,875	17	
805		Pix3	0.703511	3	1	3,812	0.77	2,935	24	
805		Pix4	2.904970	2	1	14,093	0.71	10,058	35	
811	Allergic Reaction		0.324178	165	41	1,655	0.89	1,479	4	
811		Pix1	0.269653	152	36	1,443	0.99	1,423	4	
811		Pix2	0.568566	6	3	3,140	0.30	950	11	
811		Pix3	1.181908	2	1	5,728	1.31	7,505	17	
811		Pix4	2.366390	5	4	13,309	0.85	11,274	28	
813	Drug Reactions		0.398881	2,166	601	2,074	1.02	2,119	7	
813		Pix1	0.301136	1,803	489	1,645	0.89	1,468	7	
813		Pix2	0.596713	104	35	3,420	0.92	3,155	14	
813		Pix3	0.710078	156	76	3,927	0.96	3,778	13	
813		Pix4	1.742003	103	55	10,128	0.90	9,157	32	
818	Complications Of Treatment		0.610567	1,651	803	3,366	1.06	3,574	16	
818		Pix1	0.455549	1,225	564	2,584	1.13	2,921	13	
818		Pix2	0.679659	178	99	4,070	0.87	3,536	17	
818		Pix3	0.875694	145	90	5,397	0.80	4,324	24	
818		Pix4	2.336437	103	65	14,473	1.01	14,609	51	
823	Minor Injuries And Trauma Diagnosis		0.403666	510	132	2,258	1.30	2,928	7	
823		Pix1	0.302578	462	115	1,794	0.99	1,784	7	
823		Pix2	0.572910	19	4	3,369	0.89	2,991	16	
823		Pix3	0.622049	15	7	3,852	1.47	5,856	31	
823		Pix4	2.464806	14	9	14,722	0.74	10,917	25	
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		13.892855	16	15	83,270	0.73	60,882	128	
830		Pix1	4.798605	3	3	31,084	0.40	12,361	58	
830		Pix2	6.991009	1	1	39,572	0.74	29,417	44	
830		Pix3	5.858879	2	2	33,087	0.32	10,547	40	
830		Pix4	17.263705	10	9	111,464	0.55	61,493	139	
831	Extensive Burns Without Burn Procedures		0.436513	6	2	2,379	0.86	2,039	8	
831		Pix1	0.309311	6	2	1,712	0.65	1,120	8	



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
831		Pix2							
831		Pix3	0.739842			4,254	0.71	3,007	2
831		Pix4	1.027774			4,208	0.00	0	15
832	PWS - Non-Extensive Burns With Skin Graft		2.437826	137	112	14,477	0.93	13,474	45
832		Pix1	1.725071	108	92	11,110	0.72	8,037	33
832		Pix2	3.889132	9	6	23,467	0.33	7,656	59
832		Pix3	4.357647	6	5	28,259	0.62	17,458	55
832		Pix4	14.113155	14	13	90,846	1.50	135,916	159
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		1.596400	21	11	9,400	0.83	7,811	36
833		Pix1	1.344042	18	9	8,137	0.55	4,438	38
833		Pix2	1.628199	1	1	9,607	0.55	5,290	14
833		Pix3	1.972432	1					7
833		Pix4	3.651364	1	1	22,460	1.15	25,836	12
834	Non-Extensive Burns Without Burn Procedures		0.659626	220	84	3,799	0.84	3,176	16
834		Pix1	0.593585	209	79	3,644	0.88	3,199	16
834		Pix2	0.836434	4	3	4,798	0.54	2,567	27
834		Pix3	0.768146	5	2	4,731	0.48	2,291	12
834		Pix4	5.843403	2	2	35,683	0.89	31,867	148
840	Other Admissions With Surgery		5.807915	449	256	32,169	1.11	35,578	195
840		Pix1	1.373690	228	87	7,553	0.97	7,318	58
840		Pix2	4.254880	79	53	21,964	0.75	16,506	164
840		Pix3	6.256484	43	29	36,371	0.95	34,614	210
840		Pix4	12.288634	99	83	72,725	0.66	47,743	259
841	Rehabilitation		2.854359	4,623	1,851	18,068	0.72	13,060	102
841		Pix1	2.161872	2,916	776	14,393	0.68	9,797	85
841		Pix2	3.009167	807	463	19,642	0.70	13,758	114
841		Pix3	3.347380	480	317	21,627	0.70	15,217	128
841		Pix4	4.176524	420	311	27,581	0.73	20,082	152
842	Signs And Symptoms		0.643682	716	136	3,125	0.85	2,651	26
842		Pix1	0.520226	542	101	2,718	0.80	2,186	20



## Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2000/2001				Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Average Cost	Blended Average Cost	Point			
842	Pix2	0.759645	105	20	3,995	0.91	3,634	31		
842	Pix3	1.109933	45	13	5,855	0.71	3,989	41		
842	Pix4	1.215215	24	3	6,721	0.72	4,829	66		
<b>846 Aftercare Following Surgery Or Treatment</b>										
846	Pix1	0.252150	2,191	993	1,279	1.29	1,649	7		
846	Pix2	0.220235	2,031	950	1,202	1.32	1,590	4		
846	Pix3	0.469243	78	13	2,829	1.19	3,376	50		
846	Pix4	1.337612	65	7	6,977	0.50	3,494	80		
846	Pix4	1.623303	17	4	9,273	0.83	7,675	85		
<b>847 Other Specified Aftercare</b>										
847	Pix1	1.158302	2,139	296	5,094	1.11	5,657	73		
847	Pix2	0.889680	1,625	209	4,352	1.12	4,869	70		
847	Pix3	1.331503	270	44	6,211	0.98	6,102	70		
847	Pix3	1.942384	160	25	8,852	1.01	8,780	77		
847	Pix4	1.440161	84	18	7,169	0.90	6,458	93		
<b>849 Multiple Or Unspecified Congenital Anomalies</b>										
849	Pix1	0.442773	3	1	1,834	1.08	1,973	49		
849	Pix2	0.339360	2	2	2,166	0.85	1,833	29		
849	Pix3	2.068843			12,789	0.00	0	17		
849	Pix4	7.438168			44,987	0.58	25,961	36		
<b>850 Perinatal Conditions Age &gt; 28 Days</b>										
850	Pix1	3.970380	99	47	17,184	0.72	12,369	73		
850	Pix2	3.210310	74	31	14,839	0.78	11,508	66		
850	Pix3	3.636766	12	9	18,059	0.74	13,437	99		
850	Pix3	5.460426	6	5	24,519	0.32	7,726	85		
850	Pix4	8.058895	7	2	40,360	0.55	22,052	98		
<b>851 Other Factors Causing Hospitalization</b>										
851	Pix1	0.876921	4,623	189	3,674	1.53	5,636	44		
851	Pix2	0.613221	3,804	147	2,919	1.31	3,816	38		
851	Pix3	1.690667	441	26	6,490	1.76	11,436	69		
851	Pix4	1.288857	254	9	6,573	1.00	6,541	80		
851	Pix4	2.462183	124	6	10,873	0.86	9,353	119		
<b>852 Procedures Cancelled (MNRH)</b>										
852	Pix1	0.092449	928	357	526	1.41	741	1		
852	Pix1	0.085031	867	349	516	1.43	736	1		



### Schedule 3 -- Inpatient Statistical Background

2000/2001										
CMG Code	Description	Complexity Level	SWRV	Activity	Costed Cases	Blended		Coefficient of Variation	Standard Deviation	Trim Point
						Average Cost				
852		Pix2	0.158468	30	6	932		1.02	955	1
852		Pix3	0.071254	9	2	406		0.88	359	1
852		Pix4	0.110538	2		613		0.38	236	2
860	Respiratory Tract Disorders With HIV									
860		Pix9	1.761448	46	23	10,038		1.37	13,784	34
860		Pix9	1.661163	46	23	10,038		1.37	13,784	34
861	CNS Infection With HIV									
861		Pix9	1.012948	8	6	5,929		1.14	6,738	38
861		Pix9	0.952259	8	6	5,929		1.14	6,738	38
862	GI And Hepatobiliary Disorders With HIV									
862		Pix9	0.946071	10	5	5,472		0.71	3,903	30
862		Pix9	0.889885	10	5	5,472		0.71	3,903	30
863	Ophthalmic Disorders With HIV									
863		Pix9	3.577892	2	1	20,675		1.04	21,472	71
863		Pix9	3.214754	2	1	20,675		1.04	21,472	71
864	Blood Infections With HIV									
864		Pix9	0.733593	2	1	3,317		0.77	2,554	22
864		Pix9	0.799541	2	1	3,886		0.70	2,738	22
865	Lymphoma With HIV									
865		Pix9	1.437406	4	3	7,620		0.69	5,286	25
865		Pix9	1.359435	4	3	7,620		0.69	5,286	25
866	Psychosocial Conditions With HIV									
866		Pix9	1.020332	11	10	5,538		0.61	3,377	44
866		Pix9	0.991537	11	10	5,538		0.61	3,377	44
867	Other Conditions Associated With HIV									
867		Pix9	0.900314	4	2	3,971		0.82	3,259	25
867		Pix9	0.824952	4	2	3,971		0.82	3,259	25
868	Miscellaneous Conditions With HIV									
868		Pix9	0.797382	38	21	4,549		0.73	3,318	27
868		Pix9	0.756974	38	21	4,549		0.73	3,318	27
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery									
880		Pix1	5.107508	21	10	23,770		0.52	12,331	117
880		Pix1	3.528979	2	1	15,647		0.31	4,833	87
880		Pix2	4.016321	5	2	20,076		0.49	9,785	68
880		Pix3	5.171360	3	2	23,696		0.12	2,823	57
880		Pix4	5.745845	11	5	30,462		0.86	26,305	172
881	Amputation Of Lower Limb Except Toe									
881		Pix1	3.334449	192	79	17,367		0.81	14,149	90
881		Pix1	1.944335	75	24	10,354		0.59	6,119	40
881		Pix2	2.401104	36	17	12,694		0.66	8,400	59



## Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2000/2001			Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Average Cost	Point			
881	Pix3	2.988545	22	9	17,429	0.88	15,399	95	
881	Pix4	5.331900	59	30	30,863	0.83	25,469	166	
882		4.365362	33	17	21,842	0.49	10,741	70	
882	Pix1	3.860485	10	3	18,399	0.34	6,263	64	
882	Pix2	3.159729	4	2	14,934	0.41	6,112	36	
882	Pix3	3.678668	7	4	18,235	0.56	10,236	74	
882	Pix4	4.623544	12	8	25,741	0.44	11,340	102	
883		2.281938	116	66	11,174	0.83	9,301	61	
883	Pix1	1.403007	39	17	6,411	0.69	4,435	48	
883	Pix2	1.733631	41	26	9,536	0.73	6,976	51	
883	Pix3	2.896694	16	12	14,996	0.69	10,328	105	
883	Pix4	4.472498	20	13	24,533	0.92	22,520	126	
884		1.358159	61	15	7,004	0.83	5,802	41	
884	Pix1	1.008421	35	8	5,089	0.69	3,527	32	
884	Pix2	1.334793	13	2	7,340	0.54	3,936	43	
884	Pix3	2.217263	10	5	11,993	0.77	9,201	72	
884	Pix4	8.812921	3	1	53,448	1.02	54,728	216	
885		3.101887	315	132	14,362	0.70	10,044	28	
885	Pix1	1.764060	121	34	8,491	0.34	2,929	16	
885	Pix2	2.091694	57	27	9,866	0.34	3,329	19	
885	Pix3	2.750726	46	19	13,245	0.39	5,212	29	
885	Pix4	4.654348	91	48	23,406	0.59	13,817	44	
887		2.182108	368	97	10,049	0.86	8,621	24	
887	Pix1	1.245071	218	46	5,682	0.50	2,828	16	
887	Pix2	2.249826	51	20	10,949	0.36	3,892	29	
887	Pix3	2.707286	53	22	12,903	0.43	5,528	30	
887	Pix4	4.527813	46	16	23,989	0.53	12,793	46	
890		2.280679	57	36	11,824	1.03	12,236	34	
890	Pix1	1.026503	24	14	5,891	0.50	2,869	18	
890	Pix2	0.985666	8	5	5,399	0.64	3,435	30	



### Schedule 3 -- Inpatient Statistical Background

CMG Code Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
				Costed Cases	Blended Average Cost			
890	P1x3	2.875602	10	6	16,240	0.39	6,388	48
890	P1x4	4.427012	15	10	25,235	0.76	19,066	35
<b>891 Vascular Repair</b>								
891	P1x1	1.514003	124	55	7,660	0.69	5,300	18
891	P1x2	1.864536	29	22	9,145	0.53	4,889	24
891	P1x3	2.404510	25	15	11,938	0.51	6,132	29
891	P1x4	4.506533	20	12	24,874	0.87	21,530	60
<b>892 Other Vascular Procedures</b>								
892	P1x1	1.196847	96	38	6,042	0.63	3,822	16
892	P1x2	0.929597	73	24	5,138	0.79	4,036	10
892	P1x3	1.422936	8	5	7,564	0.44	3,365	20
892	P1x4	2.004363	9	3	11,966	0.85	10,179	44
892	P1x4	1.409104	6	4	6,862	0.34	2,359	27
<b>893 Vein Ligation And Stripping (MNRH)</b>								
893	P1x1	0.388709	300	35	1,412	0.49	698	1
893	P1x2	0.354375	297	35	1,412	0.49	698	1
893	P1x3	0.373805	1	1	1,621	0.09	153	4
893	P1x3	0.394300	2					7
893	P1x4							
<b>895 Deep Vein Thrombophlebitis</b>								
895	P1x1	0.760139	831	244	3,810	0.66	2,506	19
895	P1x2	0.605205	619	146	3,197	0.62	1,984	16
895	P1x3	0.716843	135	64	4,014	0.53	2,117	22
895	P1x3	1.195369	56	22	6,234	0.63	3,945	31
895	P1x4	2.059804	21	11	11,960	0.72	8,568	57
<b>898 Peripheral Vascular Disease</b>								
898	P1x1	0.687014	571	182	3,363	0.85	2,863	20
898	P1x2	0.550907	419	137	2,854	0.80	2,291	19
898	P1x3	0.782162	81	28	4,207	0.78	3,275	30
898	P1x4	1.265671	47	12	6,391	0.61	3,925	46
898	P1x4	2.034757	24	8	11,796	0.92	10,819	52
<b>900 Extensive Unrelated O.R. Procedures</b>								
900	P1x1	3.921131	289	137	21,471	0.96	20,634	76
900	P1x2	1.521098	72	34	9,082	0.84	7,620	34
900	P1x2	2.848629	48	18	16,018	1.11	17,756	73



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001				Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Average Cost	Blended Average Cost				
900		Pix3	3,630,793	51	31	21,079	0.58	12,209	82		
900		Pix4	6,842,581	118	53	40,257	0.85	34,259	108		
901	Non-Extensive Unrelated O.R. Procedures		2,558,602	647	307	13,796	1.34	18,324	60		
901		Pix1	1,128,780	354	152	6,473	1.03	6,662	26		
901		Pix2	2,348,860	86	41	13,128	0.92	12,059	63		
901		Pix3	2,503,622	75	39	14,299	0.80	11,395	75		
901		Pix4	7,216,089	132	77	43,262	0.94	40,740	120		
902	Post-Operative Complications With Unrelated O.R. Procedures		1,731,078	150	47	8,898	1.33	11,938	37		
902		Pix1	0,696,186	60	34	4,166	0.62	2,565	20		
902		Pix2	1,738,396	24	4	9,120	0.76	6,954	24		
902		Pix3	2,484,854	20	3	11,363	0.50	5,732	45		
902		Pix4	5,488,627	46	7	28,359	0.70	19,937	57		
906	Unrelated O.R. Procedures (MINRH)		1,413,774	154	64	6,844	0.85	5,818	44		
906		Pix1	0,933,579	109	45	4,803	0.73	3,519	28		
906		Pix2	1,390,792	21	8	7,910	0.55	4,336	58		
906		Pix3	1,982,943	15	6	10,717	0.52	5,546	57		
906		Pix4	4,060,711	9	3	22,816	0.67	15,341	159		
908	Other Major Procedures For Gynecological Malignancy		0,980,126	7	3	5,481	0.40	2,172	14		
908		Pix1	0,805,564	4	2	4,557	0.25	1,132	13		
908		Pix2	1,052,829	3		5,283	0.13	677	14		
908		Pix3	5,823,170			35,996	0.00	0	24		
908		Pix4							80		
909	Obsolete Psychiatric Diagnoses (MINRH)		0,678,054	739	156	3,325	0.79	2,628	29		
909		Pix9	0,631,173	739	156	3,325	0.79	2,628	29		
910	Diagnosis Not Generally Hospitalized		0,430,283	438	211	2,545	1.88	4,793	7		
910		Pix9	0,404,100	438	211	2,545	1.88	4,793	7		
912	Obstetric Codes Invalid As Most Responsible Diagnosis		0,529,704	43	1	1,736	0.85	1,472	7		
912		Pix9	0,522,487	43	1	2,141	0.69	1,481	7		
997	Stillbirths		0,356,848	210		1,611	0.45	732			



### Schedule 3 -- Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	Activity	2000/2001		Coefficient of Variation	Standard Deviation	Trim Point
					Costed Cases	Blended Average Cost			
997		P1x9	0.621043	210		3,007	0.33	1,002	
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		0.488148	10	6	2,827	0.53	1,507	10
998		P1x9	0.481997	10	6	2,827	0.53	1,507	10
999	Ungroupable Data		0.272183	61	12	1,632	0.37	602	19
999		P1x9	0.258412	61	12	1,632	0.37	602	19

## Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up		Total Top-Up Cases Applied
			1998/1999	1997/1998	
CMGs requiring top-up when processing by CMG					
550	Major Pelvic And Retroperitoneum Procedures		2		2
555	Circumcision (MNRH)		2		2
560	Malignancy Of Male Reproductive Organ		1		1
575	PWS - Pelvic Exenteration		1		1
605	Fetal Surgery		1		1
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		1		1
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis		2	1	3
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		2	1	3
795	Sexual Dysfunction And Sexual Disorders (MNRH)		1		1
864	Blood Infections With HIV		3		3
865	Lymphoma With HIV		1		1
912	Obstetric Codes Invalid As Most Responsible Diagnosis		1	2	3
997	Stillbirths		5		5
CMGs requiring top-up when processing by CMG					
005	PWS - Ventricular Shunt Revision	Pix3	1		1
005	PWS - Ventricular Shunt Revision	Pix4	3		3
006	Carpal Tunnel Release And Specified Nervous System Procedures	Pix2	2		2
006	Carpal Tunnel Release And Specified Nervous System Procedures	Pix3	3		3
018	Viral Meningitis	Pix4	2	1	3
020	Hypertensive Encephalopathy	Pix2	1		1
020	Hypertensive Encephalopathy	Pix3		1	1
050	Orbital Procedures	Pix3	2	2	4
051	Other Intraocular Procedures	Pix2	1	1	2
051	Other Intraocular Procedures	Pix3		1	1
052	Retinal Procedures	Pix2	2		2
052	Retinal Procedures	Pix3	1	2	3
052	Retinal Procedures	Pix4	2	1	3
054	Extraocular Procedures	Pix2		1	1
055	Lens Insertion (MNRH)	Pix2	2		2
055	Lens Insertion (MNRH)	Pix3	1		1



## Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up		Total Top-Up Cases Applied
			1998/1999	1997/1998	
057	Other Ophthalmic Procedures (MNRH)	Pix2	3		3
060	Major Eye Infections	Pix2		1	1
060	Major Eye Infections	Pix3	2		2
062	Hyphema	Pix3	1		1
063	Other Ophthalmic Diagnoses (MNRH)	Pix3	3		3
063	Other Ophthalmic Diagnoses (MNRH)	Pix4	2		2
075	PWS - Radical Laryngectomy And Glossectomy	Pix2	1		1
075	PWS - Radical Laryngectomy And Glossectomy	Pix3	1		1
077	Less Extensive Head And Neck Procedures	Pix3	1		1
078	Cleft Lip And Palate Repair	Pix3	4		4
081	Salivary Gland Procedures	Pix2		1	1
081	Salivary Gland Procedures	Pix3	2		2
082	Minor Ear, Nose And Throat Procedures	Pix2	1		1
083	Reconstructive ENT Procedures	Pix3		1	1
084	Miscellaneous Ear, Nose And Throat Procedures	Pix2	2		2
084	Miscellaneous Ear, Nose And Throat Procedures	Pix4	2		2
085	Mastoid Procedures	Pix2	2		2
086	Other Tonsillar Procedures	Pix3	1		1
087	Sinus Procedures	Pix2	3	1	4
087	Sinus Procedures	Pix3	1	3	4
087	Sinus Procedures	Pix4	1	2	3
088	Ethmoidectomy (MNRH)	Pix2	2		2
088	Ethmoidectomy (MNRH)	Pix3	1	1	2
089	Dental Extraction Or Restoration (MNRH)	Pix2	1		1
089	Dental Extraction Or Restoration (MNRH)	Pix3	1	2	3
090	External And Middle Ear Procedures (MNRH)	Pix2	1		1
092	Myringotomy (MNRH)	Pix2	2	1	3
092	Myringotomy (MNRH)	Pix3		1	1
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)	Pix3		1	1
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)	Pix4	1		1
100	ENT Malignancy	Pix4	1		1
101	Acute Suppurative Infections	Pix2	2		2



## Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up		Total Top-Up Cases Applied
			1998/1999	1997/1998	
101	Acute Suppurative Infections	Pix3	1		1
101	Acute Suppurative Infections	Pix4	2		2
102	Dys-equilibrium	Pix3	2		2
102	Dys-equilibrium	Pix4	2		2
107	Epiglottitis	Pix2		1	1
107	Epiglottitis	Pix4		1	1
108	Epistaxis	Pix4	1		1
113	Sinusitis (MNRH)	Pix3	1		1
113	Sinusitis (MNRH)	Pix4	2		2
114	Sore Throat (MNRH)	Pix4	1	1	2
116	Croup (MNRH)	Pix2	3		3
128	Minor Respiratory Procedures	Pix3	1		1
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath	Pix1	1		1
193	Cardiac Pacemaker Device Replacement Or Revision	Pix4		1	1
202	AMI With Cardiac Cath With Ventricular Tachycardia	Pix2		1	1
202	AMI With Cardiac Cath With Ventricular Tachycardia	Pix3		2	2
203	AMI With Cardiac Cath With Angina	Pix3	1	1	2
207	AMI Without Cardiac Cath With Angina	Pix3	4		4
207	AMI Without Cardiac Cath With Angina	Pix4		2	2
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions	Pix2	2		2
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions	Pix3		1	1
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions	Pix3	2	1	3
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions	Pix4	2	1	3
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions	Pix4		1	1
216	Cardiac Cath With Ventricular Tachycardia	Pix4		1	1
225	Hypertensive Heart Disease	Pix4	1	1	2
232	Acquired Valvular Disorders (MNRH)	Pix4	1	3	4
234	Congenital Cardiac Disorders (MNRH)	Pix4	1	2	3
235	Angina Pectoris	Pix4	1		1
242	Chest Pain	Pix4	1		1
260	Less Extensive Intestinal And Rectal Procedures	Pix2	1	1	2
260	Less Extensive Intestinal And Rectal Procedures	Pix4		2	2



## Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up		Total Top-Up Cases Applied
			1998/1999	1997/1998	
264	Minor Gastrointestinal Procedures	Pix4	5		5
265	Abdominal Laparoscopy	Pix2		3	3
265	Abdominal Laparoscopy	Pix3	1		1
265	Abdominal Laparoscopy	Pix4	1		1
271	Unilateral Hernia Procedures (MNRH)	Pix4	1		1
285	Complicated Ulcer	Pix4	2		2
286	Uncomplicated Ulcer	Pix4	1		1
313	Common Duct Exploration	Pix3	1		1
350	Multiple Or Bilateral Joint Replacement	Pix4	1		1
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations	Pix3		1	1
359	Upper Extremity Procedures With Infection	Pix3		2	2
359	Upper Extremity Procedures With Infection	Pix4	1		1
360	Upper Extremity Amputations And Revisions	Pix3	1	1	2
360	Upper Extremity Amputations And Revisions	Pix4	1		1
361	Musculoskeletal Biopsy For Malignancy	Pix3	2	2	4
362	Musculoskeletal Biopsy Without Malignancy	Pix2	3		3
362	Musculoskeletal Biopsy Without Malignancy	Pix3	2		2
367	Shoulder Arthroplasty	Pix2	3		3
367	Shoulder Arthroplasty	Pix3		1	1
368	Major Hip And Knee Procedures	Pix3	1	2	3
369	Major Lower Extremity Procedures	Pix4	1	1	2
372	Major Upper Extremity Procedures	Pix3	4		4
372	Major Upper Extremity Procedures	Pix4	2	1	3
374	Minor Lower Extremity Procedures	Pix3	2		2
375	Minor Upper Extremity Procedures	Pix3	1		1
375	Minor Upper Extremity Procedures	Pix4	2	1	3
378	Soft Tissue Procedures (MNRH)	Pix3		1	1
378	Soft Tissue Procedures (MNRH)	Pix4		1	1
379	Other Musculoskeletal Procedures (MNRH)	Pix3	4		4
379	Other Musculoskeletal Procedures (MNRH)	Pix4	3		3
380	Other Lower Extremity Procedures (MNRH)	Pix3	1	1	2
381	Hand And Wrist Procedures (MNRH)	Pix2	2	1	3



## Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up		Total Top-Up Cases Applied
			1998/1999	1997/1998	
383	PWS - Joint Replacement For Malignancy	Pix3	2		2
383	PWS - Joint Replacement For Malignancy	Pix4	1		1
385	PWS - Major Orthopaedic Oncology Procedures	Pix3		1	1
386	Other Orthopaedic Oncology Procedures	Pix4	1	1	2
394	Septic Arthritis	Pix2	3		3
407	Other Musculoskeletal Disorders	Pix4	1		1
413	Joint Derangements (MNRH)	Pix3	2	1	3
414	Sprains Strains And Minor Injuries (MNRH)	Pix2	1	1	2
414	Sprains Strains And Minor Injuries (MNRH)	Pix3	2		2
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy	Pix4	1		1
429	Total Mastectomy For Breast Malignancy	Pix4	2		2
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy	Pix3		2	2
434	Breast Biopsy And Local Excision Without Malignancy	Pix2	3		3
435	Perianal And Pilonidal Cyst Procedures	Pix3		1	1
436	Plastic Surgery	Pix2	1	1	2
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis	Pix2	1		1
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis	Pix3	1		1
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis	Pix3	1		1
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis	Pix4	3		3
443	Malignant Breast Disorders	Pix3	1		1
446	Non-Malignant Breast Disorders	Pix3	1		1
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Pix2	4		4
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Pix3	1		1
452	Trauma Of Skin, Subcutaneous Tissue And Breast	Pix4		1	1
477	Parathyroid Procedures	Pix2	1		1
478	Obesity Procedures	Pix2	3		3
478	Obesity Procedures	Pix3	2	1	3
488	Inborn Errors Of Metabolism	Pix4	1		1
505	Reconstructive Urological Procedures	Pix2	2		2
505	Reconstructive Urological Procedures	Pix4		1	1
506	Open Prostatectomy	Pix3	1	1	2
506	Open Prostatectomy	Pix4		1	1



## Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up		Total Top-Up Cases Applied
			1998/1999	1997/1998	
509	Minor Lower Urinary Tract Procedures	Pix3	1		1
509	Minor Lower Urinary Tract Procedures	Pix4		1	1
514	Miscellaneous Urinary Tract Procedures (MNRH)	Pix2	1		1
514	Miscellaneous Urinary Tract Procedures (MNRH)	Pix3		1	1
532	Urinary Retention And Other Functional Disorders Of Bladder	Pix3	2		2
532	Urinary Retention And Other Functional Disorders Of Bladder	Pix4	3	1	4
534	Miscellaneous Urological Diagnoses (MNRH)	Pix4	2		2
535	Hematuria (MNRH)	Pix3	2		2
535	Hematuria (MNRH)	Pix4		1	1
550	Major Pelvic And Retroperitoneum Procedures	Pix1	1		1
551	Penis Procedures	Pix4	1	2	3
552	Testes Procedures	Pix3	1		1
552	Testes Procedures	Pix4		2	2
554	Miscellaneous Male Reproductive System Procedures (MNRH)	Pix2		2	2
554	Miscellaneous Male Reproductive System Procedures (MNRH)	Pix3		2	2
554	Miscellaneous Male Reproductive System Procedures (MNRH)	Pix4	1		1
555	Circumcision (MNRH)	Pix1	2		2
555	Circumcision (MNRH)	Pix2		1	1
560	Malignancy Of Male Reproductive Organ	Pix1	1		1
561	Male Reproductive System Inflammation	Pix3	2		2
561	Male Reproductive System Inflammation	Pix4		1	1
562	Other Male Reproductive System Diagnoses	Pix2	1	1	2
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)	Pix2		1	1
575	PWS - Pelvic Exenteration	Pix2	2		2
582	Other Gynecological Procedures	Pix3	4		4
583	Radio-Implant For Malignancy	Pix3	1	1	2
584	Vagina, Cervix And Vulva Procedures	Pix3		2	2
585	Gynecological Laparoscopy (MNRH)	Pix2	2	2	4
585	Gynecological Laparoscopy (MNRH)	Pix3	3		3
587	Miscellaneous Gynecological Procedures (MNRH)	Pix2	4		4
587	Miscellaneous Gynecological Procedures (MNRH)	Pix3	4	1	5
594	Female Reproductive System Infection	Pix2	1	1	2



## Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up		Total Top-Up Cases Applied
			1998/1999	1997/1998	
594	Female Reproductive System Infection	Plx3	2		2
595	Other Female Reproductive System Diagnoses And Injuries	Plx2		2	2
596	Miscellaneous Gynecological Diagnoses (MNRH)	Plx3	2		2
596	Miscellaneous Gynecological Diagnoses (MNRH)	Plx4	2	1	3
605	Fetal Surgery	Plx9	1		1
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis	Plx9	1		1
636	PWS - Neonates Weight 2000-2499 gm With Catastrophic Diagnosis	Plx9	2	1	3
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma	Plx2	1		1
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma	Plx9	2	1	3
665	PWS - Elevated Skull Fractures	Plx3	1		1
665	PWS - Elevated Skull Fractures	Plx4	1		1
667	Minor Lower Extremity Procedures For Trauma	Plx2	1		1
669	Vascular Repair For Trauma	Plx2	2	1	3
669	Vascular Repair For Trauma	Plx3	1		1
669	Vascular Repair For Trauma	Plx4	3		3
681	Frostbite	Plx3		1	1
684	Fracture Of Humerus	Plx4	2	1	3
685	Hip And Thigh Injuries	Plx4	1	1	2
686	Major Nerve Injuries	Plx2	1	1	2
688	Weight Bearing Injuries	Plx4	3		3
689	Genito-Urinary Injuries	Plx3	1		1
691	Minor Lower Extremity Fractures	Plx2	1		1
692	Wounds	Plx4	4		4
693	Amputations Or Vascular And Other Nerve Injuries	Plx2	2		2
693	Amputations Or Vascular And Other Nerve Injuries	Plx3	1		1
694	Facial Injuries	Plx3	2		2
694	Facial Injuries	Plx4	1		1
696	Upper Extremity Fractures	Plx4		1	1
701	Splenectomy	Plx4	2		2
703	Other O.R. Procedures Of Blood And Blood-Forming Organs	Plx3	1		1
795	Sexual Dysfunction And Sexual Disorders (MNRH)	Plx9	1		1
805	MNRH Procedures For Injury Or Complication Of Treatment	Plx2	1		1



## Schedule 4 -- Inpatient Top-Up by Source

CMG Code	Description	Complexity Level	Alberta Cases Used as Top-Up		Total Top-Up Cases Applied
			1998/1999	1997/1998	
805	MNRH Procedures For Injury Or Complication Of Treatment	Pix3	2	1	3
805	MNRH Procedures For Injury Or Complication Of Treatment	Pix4	1	2	3
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures	Pix2	1	1	2
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures	Pix3	1	1	2
831	Extensive Burns Without Burn Procedures	Pix3		1	1
831	Extensive Burns Without Burn Procedures	Pix4		1	1
834	Non-Extensive Burns Without Burn Procedures	Pix4	1		1
849	Multiple Or Unspecified Congenital Anomalies	Pix1	2	2	4
850	Perinatal Conditions Age > 28 Days	Pix4	1		1
852	Procedures Cancelled (MNRH)	Pix4	1		1
864	Blood Infections With HIV	Pix9	3		3
865	Lymphoma With HIV	Pix9	1		1
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery	Pix1	3	1	4
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery	Pix2	2		2
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery	Pix3		2	2
882	Wound Debridement Or Other Amputation With Major Vascular Surgery	Pix1	2		2
882	Wound Debridement Or Other Amputation With Major Vascular Surgery	Pix2	2	1	3
882	Wound Debridement Or Other Amputation With Major Vascular Surgery	Pix3	1		1
884	Other Amputations Including Toe	Pix2	2		2
884	Other Amputations Including Toe	Pix4	2		2
892	Other Vascular Procedures	Pix3	1		1
893	Vein Ligation And Stripping (MNRH)	Pix2	1	2	3
908	Other Major Procedures For Gynecological Malignancy	Pix2		1	1
912	Obstetric Codes Invalid As Most Responsible Diagnosis	Pix9	1	2	3
997	Stillbirths	Pix9	5		5











## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	72	39	111	1,975
1.2	Nerve & Other, General Anaesthetic	661	344	1,005	656
1.3	Nerve & Other, Other Anaesthetic	357	193	550	185
1.4	Nerve & Other, No Anaesthetic	331	213	545	350
2	Spinal	284	95	378	1,937
3	Nerve Injection	48	27	75	2,719
4	Orbital & Other Eye	577	160	737	1,351
5	Lens Interventions	358	160	519	459
6	Iris & Other Eye	107	34	141	377
7	Strabismus	722	254	976	935
8	External Eye	104	32	136	8,568
9	Bronch/Pharynx	647	286	933	128
10	Tympanoplasty	720	316	1,035	405
11	Sinus Interventions	822	359	1,181	500
12	Other Sinus	677	254	931	1,350
13	Tonsils & Adenoids 12+ years	502	201	703	868
13.1	Tonsils & Adenoids 0 < 6 years	593	215	808	789
13.2	Tonsils & Adenoids 6 < 12 years	577	208	786	1,107
14	Nasal Interventions	247	130	377	1,859
15	Other Respiratory	369	164	533	76
16	External Ear 18+ years	91	49	140	221
16.1	External Ear 0 < 1.5 years	340	107	448	601
16.2	External Ear 1.5 < 6 years	353	123	476	1,559
16.3	External Ear 6 < 12 years	348	135	483	757
16.4	External Ear 12 < 18 years	299	119	418	103
17	Respiratory Endoscopy - ENT	340	148	488	3,053
18	Pacemaker Implant	6,642	625	7,268	273
19	Cardiac Catheter 18+ years	1,778	496	2,274	3,331
19.1	Cardiac Catheter 0 < 6 years	3,994	911	4,905	177
19.2	Cardiac Catheter 6 < 18 years	3,367	805	4,172	230
20	Angiography 18+ years	641	190	831	5,191
20.1	Angiography 0 < 6 years	930	301	1,231	6

## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
20.2	Angiography 6 < 12 years	828	263	1,092	9
20.3	Angiography 12 < 18 years	1,023	309	1,331	20
21	Vascular Interventions 18 + years	704	348	1,052	701
21.1	Vascular Interventions 0 < 18 years	930	258	1,188	47
22	Other Vascular Interventions	603	267	870	1,116
23.1	Lymphatic Interventions, Local Anaesthetic	103	50	153	267
23.2	Lymphatic Interventions, General Anaesthetic	695	292	986	295
23.3	Lymphatic Interventions, Other Anaesthetic	659	233	892	83
23.4	Lymphatic Interventions, No Anaesthetic	434	264	699	79
24	Minor Vascular	486	164	650	581
25	Cholecystectomy	814	408	1,222	3,487
26	Hernia	686	314	1,000	5,235
27	ERCP	508	202	710	1,575
28.1	Endoscopy GI - Low	115	48	163	3,791
28.2	Endoscopy GI - Medium	217	90	307	32,380
28.3	Endoscopy GI - High	242	103	346	3,743
29.1	Ano-Rectal Interventions, Local Anaesthetic	79	42	121	46
29.2	Ano-Rectal Interventions, General Anaesthetic	506	218	724	570
29.3	Ano-Rectal Interventions, Other Anaesthetic	188	69	257	375
29.4	Ano-Rectal Interventions, No Anaesthetic	256	154	410	285
30.1	Minor Anal Interventions, Local Anaesthetic	55	31	85	121
30.2	Minor Anal Interventions, General Anaesthetic	599	230	830	125
30.3	Minor Anal Interventions, Other Anaesthetic	212	81	293	96
30.4	Minor Anal Interventions, No Anaesthetic	131	63	194	1,003
31	Mechanical Implants	738	432	1,171	47
32	Lithotripsy	600	235	835	3,133
33	Upper Urinary Interventions	330	157	487	2,854
34.1	Lower Uri & Genital	516	240	756	1,253
34.2	Reconstruction, Vas Deferens	1,008	578	1,587	50
35.1	Bladder & Urethral Interventions, Local Anaesthetic	140	64	204	12,104
35.2	Bladder & Urethral Interventions, General Anaesthetic	489	188	627	2,160
35.3	Bladder & Urethral Interventions, Other Anaesthetic	281	157	438	931



## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
35.4	Bladder & Urethral Interventions, No Anaesthetic	164	113	277	7,318
36.1	Vasectomy	164	99	262	2,032
36.2	Other Male Genital Interventions	527	234	762	970
37	Circumcision 18 + years	460	204	664	385
37.1	Circumcision 0 < 1.5 years	142	67	209	1,509
37.2	Circumcision 1.5 < 6 years	475	180	655	393
37.3	Circumcision 6 < 12 years	494	183	676	281
37.4	Circumcision 12 < 18 years	507	192	700	103
38	Uro Diagnostic Interventions	153	56	209	3,528
39	Uterus & Adnexal Intervention	648	288	936	2,110
40	Endo & Gyn Interventions	398	197	596	3,123
41	Minor Gyn Interventions	133	51	184	4,411
42	Evacuators	264	158	421	4,812
43	Maxillo-Facial	773	358	1,131	210
44	Chest Wall Interventions	565	257	823	495
45.1	Upper Extremity Interventions	763	414	1,177	726
45.2	Shoulder Interventions	995	461	1,456	607
46	Open Reductions	548	315	863	1,429
47	Tendon & Muscle Interventions	500	286	786	1,331
48	Closed Reductions	221	82	303	2,627
49	Lower Extremity	527	258	785	801
50	Knee Interventions	531	297	828	5,209
51	Ankle & Foot	533	314	847	488
52.1	Remove Int Fixation, Lower Extremity	523	274	798	651
52.2	Other Removal, Int Fixation	178	79	257	1,421
53	Soft Tissue Interventions	253	124	377	2,278
54	Manipulations	83	37	120	15,808
55	Mastectomy	387	170	557	2,376
56.1	Augment/Reduc Breast Bilateral	870	540	1,410	713
56.2	Augment/Reduc Breast Unilateral	712	413	1,125	366
57	Breast Plastic Interventions	271	148	419	85
58.1	Ear & Cleft Lip Reconstruction	707	340	1,047	481



## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
58.2	Face Rhytidectomy	1,816	1,054	2,869	23
58.3	Other Plastic Reconstruction	263	135	398	965
59.1	Skin Interventions, Local Anaesthetic	69	35	104	12,374
59.2	Skin Interventions, General Anaesthetic	578	238	816	1,471
59.3	Skin Interventions, Other Anaesthetic	135	48	183	1,067
59.4	Skin Interventions, No Anaesthetic	105	52	157	6,033
60	Dental Surgery	716	299	1,015	2,601
61.1	Biopsy, Other	429	135	564	1,310
61.2	Biopsy, Percutaneous	254	119	373	4,570
62	Hemodialysis	194	101	295	124,214
62.1	Home Hemodialysis Teaching	676	460	1,136	5
62.2	Selfcare Hemodialysis		149		1
63	Transfusions	276	114	390	8,675
64	Cardioversion	454	219	674	445
65	Chemotherapy Oncology	120	79	199	2,045
66	Myelogram	340	126	466	312
68	Thyroid Interventions	779	428	1,207	58
69	Parotid Duct Interventions	909	455	1,365	72
70	Appendectomy	1,048	559	1,607	42
71	Gastro-Intestinal Related Interventions	159	45	204	4,253
72	Peritoneal Dialysis	417	102	518	1,288
72.1	Home Peritoneal Dialysis Teaching	124	29	154	4,936
73	Hos Visit Including Diagnostic Investigation of vascular Sys	161	63	224	9
74	Hospital Visit Including Nuclear Imaging	419	111	530	16,421
75	Hospital Visit Including CAT Scan	249	66	315	53,472
76	Hospital Visit Including MRI	488	129	617	9,785
77	Hospital Visit Radiotherapy	195	53	248	1
78	Chest Xray	57	28	85	11,804
79	Other Xray	71	32	103	27,032
80	Mammogram	80	47	126	863
81	Ultrasound	164	48	213	13,809
82.1	Extensive Sleep Studies	767	209	976	1,101



## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
82.2	Other Sleep Labs	209	72	281	95
201	Diag Inv General Cardiac 0 < 12 years	175	46	222	402
203	Diag Inv General Cardiac 12 < 18 years	186	51	237	188
205	Diag Inv General Cardiac 18+ years	157	41	198	9,534
206	Management General Cardiac 0 < 1.5 years	84	27	111	261
207	Management General Cardiac 1.5 < 12 years	79	22	101	837
208	Management General Cardiac 12 < 18 years	67	20	87	478
210	Management General Cardiac 18+ years	66	21	87	39,389
213	Dysrhythmia & Conductive Disorders	173	59	232	5,687
214	Congestive Heart Failure	101	36	137	3,676
215	Inflammatory Cardiac	89	39	128	115
216	Congenital Heart Disease	180	48	228	4,674
217	Diag Inv Angina	210	58	268	2,749
218	Management Angina	37	16	52	17,203
219	Diag Inv Vascular	228	72	299	725
220	Management Vascular	74	30	105	3,525
251	Diag Inv General Endocrinal 0 < 18 years	168	45	214	257
254	Diag Inv General Endocrinal 18+ years	227	76	303	66
255	Management General Endocrinal 0 < 1.5 years	67	27	94	302
256	Management General Endocrinal 1.5 < 6 years	49	22	71	417
257	Management General Endocrinal 6 < 18 years	53	20	73	813
258	Management General Endocrinal 18+ years	79	41	120	4,806
259	Management Diabetes < 18 years	110	95	205	3,374
260	Management Diabetes 18+ years	63	40	103	24,933
262	Thyroidosis	78	35	112	1,026
264	Management Ketoacidosis	181	68	249	33
266	Fluid & Electrolyte < 6 years	208	61	269	743
267	Fluid & Electrolyte 6+ years	147	57	204	3,046
301	Diag Inv General ENT	137	48	185	3,008
303	Management General ENT	56	24	80	34,233
305	Otitis Media	48	19	66	11,831
306	Epistaxis	76	30	106	700



## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
351	Diag Inv General Female Genital Disorders < 45 years	274	93	368	279
352	Diag Inv General Female Genital Disorders 45 + years	271	101	372	36
353	Management General Female Genital Disorders < 18 years	66	25	91	656
354	Management General Female Genital Disorders 18 < 45 years	47	17	63	6,690
355	Management General Female Genital Disorders 45 + years	51	19	71	3,648
356	Management Contraceptive	57	22	79	2,631
357	Diag Inv General Male Genital Disorders < 18 years	235	76	311	93
358	Diag Inv General Male Genital Disorders 18 + years	231	80	311	94
359	Management General Male Genital Disorders < 18 years	58	20	78	812
360	Management General Male Genital Disorders 18 + years	36	17	53	2,160
361	Diag Inv Other Genitourological Disorders < 18 years	228	68	296	352
362	Diag Inv Other Genitourological Disorders 18 + years	198	70	268	1,830
363	Management Other Genitourological Disorders < 18 years	79	28	106	4,733
364	Management Other Genitourological Disorders 18 + years	60	25	85	18,507
400	Diag Inv General Gastrointestinal 0 < 1.5 years	207	67	275	428
401	Diag Inv General Gastrointestinal 1.5 < 6 years	161	49	211	586
402	Diag Inv General Gastrointestinal 6 < 18 years	192	56	248	1,390
403	Diag Inv General Gastrointestinal 18 < 45 years	269	95	364	1,822
404	Diag Inv General Gastrointestinal 45 < 65 years	271	96	367	988
405	Diag Inv General Gastrointestinal 65 + years	252	94	346	794
406	Management General Gastrointestinal 0 < 1.5 years	67	24	91	5,837
407	Management General Gastrointestinal 1.5 < 6 years	68	25	92	5,459
408	Management General Gastrointestinal 6 < 18 years	66	24	89	6,713
409	Management General Gastrointestinal 18 < 45 years	64	29	93	11,098
410	Management General Gastrointestinal 45 < 65 years	62	27	89	5,779
411	Management General Gastrointestinal 65 + years	66	28	93	3,287
412	Constipation with Disimpaction	224	81	305	284
413	GI Bleed/Perforation/Obstruction	126	47	172	1,101
451	Diag Inv Hematological	238	75	312	539
452	Management Hematological 0 < 6 years	149	50	199	1,061
453	Management Hematological 6 < 12 years	170	59	229	597
454	Management Hematological 12 < 18 years	149	59	208	971



## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
455	Management Hematological 18 < 65 years	114	60	174	8,470
456	Management Hematological 65 + years	98	47	145	2,345
501	Diag Inv Hepatobiliary	306	103	408	499
502	Management Hepatobiliary	68	24	92	5,498
551	Diag Inv Inflamm Musculoskeletal 0 < 6 years	250	72	323	20
553	Diag Inv Inflamm Musculoskeletal 6 < 12 years	172	55	227	52
554	Diag Inv Inflamm Musculoskeletal 12 < 18 years	232	69	301	86
555	Diag Inv Inflamm Musculoskeletal 18 + years	163	54	217	1,584
556	Diag Inv Other Musculoskeletal < 18 years	93	28	122	6,706
557	Diag Inv Other Musculoskeletal 18 + years	99	35	134	27,518
558	Management Inflamm Musculoskeletal 0 < 6 years	63	19	82	131
560	Management Inflamm Musculoskeletal 6 < 12 years	55	15	70	349
561	Management Inflamm Musculoskeletal 12 < 18 years	53	16	69	328
562	Management Inflamm Musculoskeletal 18 + years	44	21	65	17,606
563	Management Other Musculoskeletal < 18 years	32	12	45	6,724
564	Management Other Musculoskeletal 18 + years	23	11	34	40,761
565	Diag Inv Congenital Musculoskeletal Deformities	158	43	202	120
566	Management Congenital Musculoskeletal Deformities	60	22	82	787
567	Diag Inv Other Inflamm Musculoskeletal	128	44	171	517
568	Management Other Inflamm Musculoskeletal	32	15	48	3,298
569	Infectious Musculoskeletal	66	29	95	1,284
601	Diag Inv General Neurology	415	103	517	1,846
602	Management General Neurology 0 < 6 years	85	21	106	1,891
603	Management General Neurology 6 < 12 years	84	17	102	1,480
604	Management General Neurology 12 < 18 years	70	23	93	690
605	Management General Neurology 18 < 65 years	69	31	100	9,596
606	Management General Neurology 65 + years	104	29	133	3,082
607	Migraine Headache	69	31	100	3,915
608	Diag Inv Headache	154	59	213	114
609	Management Headache	62	29	91	2,782
610	Diag Inv Meningitis	270	111	380	6
611	Management Meningitis	78	35	113	191

## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
612	Diag Inv Cerebrovascular	270	85	355	375
613	Management Cerebrovascular	127	46	172	3,830
614	Diag Inv Convulsions	154	37	191	801
615	Management Convulsions	74	22	96	6,447
616	Diag Inv Vertigo	225	81	306	98
617	Management Vertigo	108	42	150	1,775
651	Antepartum Routine	135	47	183	1,743
652	Postpartum Routine	120	46	166	260
653	Diag Inv Neonatal & Congenital	174	44	217	127
654	Management Neonatal & Congenital	87	29	116	1,840
656	Delivery with Postpartum Complications	74	39	113	4
657	Delivery without Postpartum Complications	52	16	69	5
658	Postpartum Conditions Outcomes Uncomplicated	53	28	81	895
659	Diag Inv Pregnancy with Abortive	317	113	430	74
660	Management Pregnancy with Abortive Outcomes Uncomp	106	55	161	217
662	Diag Inv Antepartum	203	73	275	2,983
663	Management Antepartum	38	28	66	17,108
664	Diag Inv Pregnancy with Abortive Outcomes Complica	452	167	618	5
665	Management Pregnancy with Abortive Outcomes Complic	86	40	125	39
701	Diag Inv Oncological	184	57	241	444
702	Management Oncological	81	48	129	2,581
703	Radiotherapy (includes diagnosis code V58.0)	52	25	78	1
704	IV Therapy -- Non Cancer Related	63	28	91	32,381
751	Diag Inv Ophthalmology 0 < 12 years	163	35	197	78
752	Diag Inv Ophthalmology 12 < 18 years	182	36	218	32
753	Diag Inv Ophthalmology 18 < 45 years	190	40	230	678
754	Diag Inv Ophthalmology 45 + years	197	39	236	4,422
755	Management Ophthalmology 0 < 12 years	51	21	72	7,658
756	Management Ophthalmology 12 < 18 years	56	23	79	1,271
757	Management Ophthalmology 18 < 45 years	63	27	91	5,316
758	Management Ophthalmology 45 + years	68	27	95	15,670
801	Diag Inv Psychiatry	231	69	300	450



## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
802	Management Psychiatry	72	30	102	48,906
803	Drug & Alcohol Related Conditions	110	46	155	2,631
851	Diag Inv General Respiratory < 18 years	148	55	203	3,761
852	Diag Inv General Respiratory 18 + years	186	72	258	5,192
853	Management General Respiratory 0 < 1.5 years	82	31	113	3,654
854	Management General Respiratory 1.5 < 6 years	84	34	118	6,320
855	Management General Respiratory 6 < 18 years	81	41	122	6,000
856	Management General Respiratory 18 < 65 years	72	36	108	8,960
857	Management General Respiratory 65 + years	115	51	166	4,721
863	Diag Inv Severe Respiratory Disease	211	60	271	501
864	Management Severe Respiratory Disease	158	50	208	1,923
901	Diag Inv Skin & Soft Tissue	110	40	150	4,085
902	Management Skin & Soft Tissue	44	24	68	40,646
906	Cellulitis	71	29	100	3,958
951	Diag Inv Systemic Infection	179	56	235	1,275
952	Management Systemic Infection < 18 years	70	24	94	8,766
953	Management Systemic Infection 18 < 45 years	71	30	101	1,025
954	Management Systemic Infection 45 + years	68	27	95	514
955	Diag Inv AIDS	241	54	295	125
956	Management AIDS	109	26	135	2,015
999	Ungroupable	70	21	91	37
1001	Open Fracture Fingers & Toes	119	51	171	65
1002	Closed Fracture Fingers & Toes	68	30	98	1,880
1003	Fractured Nose, Open & Closed	68	30	98	340
1004	Open Fracture & Dislocations Other	191	85	275	44
1005	Closed Fracture & Dislocations Other	117	44	161	8,599
1007	Open Wounds without Complications	63	28	91	5,817
1008	Open Wound with Complications	75	34	108	563
1009	Sprains	90	37	127	10,896
1010	Contusions Fingers/Toes	67	31	97	753
1011	Contusions except Fingers/Toes	97	40	137	6,503
1012	Open Wound Eye	80	30	110	190

## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1013	Foreign Body Eyes, Ears, Nose	56	25	81	628
1014	Foreign Body except Eyes, Ears, Nose	102	37	140	886
1015	Diag Inv Poisoning	236	84	321	194
1016	Management Poisoning	123	47	170	2,292
1017	Amputation except Fingers/Toes			149	1
1018	Abuse/ Sexual Assault 0 < 12 years	293	86	379	503
1019	Abuse/ Sexual Assault 12+ years	288	92	380	143
1020	Burn Moderate to Severe	69	28	97	68
1021	Minor Other Injuries	80	34	114	8,558
1022	Moderate Other Injuries	258	109	366	1,196
1024	Comas	185	70	255	17
1025	Shock	122	46	168	201
1026	Open Spinal Fracture & Dislocation	312	145	457	1
1027	Closed Spinal Fracture & Dislocation	156	55	211	185
1028	Diag Inv Head Injury	172	55	227	279
1029	Management Head Injury	56	16	72	2,311
1030	Diag Inv Thoraco-Abdominal & Major Vascular	224	80	304	71
1031	Management Thoraco-Abdominal & Major Vascular	72	30	101	811
1032	Burn Minor 0 < 6 years	69	24	93	421
1033	Burn Minor 6 + years	70	32	101	892
1034	Diag Inv Major Other Injuries	185	54	238	35
1035	Management Major Other Injuries	179	46	225	222
1051	Assessment Referral	111	48	159	1,004
1052	Assessment Intake	120	33	153	8,413
1053	Assessment Collateral	113	27	140	788
1054	Legal Assessment Half Day			149	1
1055	Legal Assessment Full Day			149	1
1056	Assessment Specialized	126	33	159	705
1057	Individual Therapy	61	22	82	65,669
1058	Crisis/Intervention Calls Telephone Crisis Calls	38	23	61	2
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call			149	1
1060	Couple Therapy	127	42	169	405



## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1061	Family Therapy	117	41	158	822
1062	Group Therapy	28	10	38	101,283
1063	ECT	173	101	274	1,561
1064	Medication Administration	103	29	131	9,611
1065	Patient Specific Consultations/ Case Supervision	46	23	69	12,167
1066	Patient Specific Hearings				
1067	Patient Specific Professional Reports and Applications			149	1
1068	Patient Specific Critical Incident Documentation			149	1
1069	Diagnostic Testing/ Scoring Testing Type 1	294	108	403	962
1070	Diagnostic Testing/ Scoring Testing Type 2	345	58	403	161
1071	Diagnostic Testing/ Scoring Testing Type 3	901	145	1,047	7
1072	Therapeutic Milieu Programs Half Day	47	10	57	1,319
1073	Therapeutic Milieu Programs Full Day			149	1
1074	Mental Health Education 0-120 min	32	25	56	279
1075	Mental Health Education 121-240 min				
1076	Mental Health Education 241-360 min				
1077	Mental Health Education 361-480 min				
1101	OT Group 1	18	3	21	50,064
1102	OT Group 2	45	8	53	36,447
1103	OT Group 3	68	12	80	5,628
1104	OT Group 4	109	21	130	23,410
1105	OT Group 5	152	39	191	1,254
1106	OT Group 6	252	55	307	527
1111	Physical Therapy Group 1	21	10	31	83,121
1112	Physical Therapy Group 2	41	13	54	54,518
1113	Physical Therapy Group 3	49	18	68	10,631
1114	Physical Therapy Group 4	83	23	106	19,703
1115	Physical Therapy Group 5	123	33	157	720
1116	Physical Therapy Group 6	190	48	239	122
1121	Recreational Therapy Group 1	14	2	16	13,694
1122	Recreational Therapy Group 2	33	6	39	5,367
1123	Recreational Therapy Group 3	80	10	90	768

## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1124	Recreational Therapy Group 4	70	10	80	1,188
1125	Recreational Therapy Group 5	115	14	129	42
1126	Recreational Therapy Group 6	241	25	267	7
1131	Speech-Language Pathology Group 1	41	5	46	71,930
1132	Speech-Language Pathology Group 2	128	16	144	8,480
1133	Speech-Language Pathology Group 3	151	18	169	142
1134	Speech-Language Pathology Group 4	130	32	161	3,783
1135	Speech-Language Pathology Group 5	202	40	242	2,156
1136	Speech-Language Pathology Group 6	321	84	404	151
1141	Audiology Group 1	19	7	26	183
1142	Audiology Group 2	96	35	130	4,748
1143	Audiology Group 3	173	61	234	5,171
1144	Audiology Group 4	429	164	593	447
1145	Audiology Group 5 - Cochlear Implant			149	1
1151	Resp Therapy Group 1	31	6	37	8,644
1152	Resp Therapy Group 2	60	12	72	18,226
1153	Resp Therapy Group 3	112	23	135	8,130
1154	Resp Therapy Group 4	130	30	159	8,652
1155	Resp Therapy Group 5	212	64	276	2,162
1156	Resp Therapy Group 6	293	85	378	1,151
1201	Clinical Nutrition Group 1	29	9	38	24,569
1202	Clinical Nutrition Group 2	50	16	66	21,579
1203	Clinical Nutrition Group 3	71	14	86	3,508
1204	Clinical Nutrition Group 4	111	34	144	10,677
1205	Clinical Nutrition Group 5	162	41	203	1,116
1206	Clinical Nutrition Group 6	242	57	299	193
1221	Social Work Group 1	33	5	38	24,951
1222	Social Work Group 2	89	12	101	15,817
1223	Social Work Group 3	188	26	214	1,528
1224	Social Work Group 4	249	37	286	364
1225	Social Work Group 5	328	51	379	32
1226	Social Work Group 6	987	119	1,106	3



## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1241	Psychology Group 1	42	5	47	28,522
1242	Psychology Group 2	130	15	145	8,113
1243	Psychology Group 3	212	23	236	961
1244	Psychology Group 4	326	42	368	2,539
1245	Psychology Group 5	496	52	547	104
1246	Psychology Group 6	473	49	523	68
1247	Psychology Group 7	163	18	180	781
1248	Psychology Group 8	321	34	355	668
1249	Psychology Group 9	527	57	584	285
2001	Critical Care Unit or O.R. with Secondary Diagnosis	286	100	386	1,017
2002	Critical Care Unit or O.R. without Secondary Diagnosis	250	91	340	2,197
2003	Other Unit with Secondary Diagnosis	237	88	324	9,388
2004	Other Unit without Secondary Diagnosis	208	78	286	18,146
2021	DOA	68	36	105	68
2022	Died During Visit	182	75	257	169
2023	Death - Organ Donor	31	21	52	2
2041	Patient Transferred with Secondary Diagnosis	246	97	344	752
2042	Patient Transferred without Secondary Diagnosis	227	86	313	1,122
2050	Diag Inv General Symptoms/Exam	122	33	155	21,344
2051	Management General Symptoms/Exam < 18 years	110	52	162	25,148
2052	Management General Symptoms/Exam 18 < 45 years	80	34	114	18,265
2053	Management General Symptoms/Exam 45 < 65 years	98	41	140	12,025
2054	Management General Symptoms/Exam 65+ years	101	38	139	20,769
2059	Prophylactic Vaccination	61	32	93	4,731
2060	Therapeutic Medical Counseling	36	14	51	26,920
2062	Preoperative Exam	144	46	190	40,542
2063	Private Practice Office Visit	43	11	54	27,729
2064	Therapy - No Intervention Code	129	3	132	1,459
2066	Contact/Carrier of Communicable Disease	119	27	146	1,212
2067	Health Hazard Related to Personal/Family History	677	302	979	945
2068	Routine Health Supervision	50	32	82	12,197
2069	Postsurgical Status	52	19	71	18,437

## Schedule 5 -- Ambulatory Care Cost Results

ACCS Group	Description	Average		Average	Average Cost		Costed Cases
		Direct Cost	Indirect Cost				
2070	Follow-up/Convalescence	57	22	79		20,785	
2071	Screening Exam	200	48	248		8,839	
2072	Screening Exam - Genetics						
2073	Genetic Counselling	838	196	1,035		1,424	
2081	Non Registered Service Recipients						
2082	Mode of Service - Telephone	28	10	38		166,637	
2099	Patient Left Without Being Seen	55	24	79		3,742	



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
1.1	Nerve & Other, Local Anaesthetic	1,179	796	1,975	103	123	111
1.2	Nerve & Other, General Anaesthetic	112	544	656	1,139	978	1,005
1.3	Nerve & Other, Other Anaesthetic	58	127	185	552	549	550
1.4	Nerve & Other, No Anaesthetic	336	14	350	562	125	545
2	Spinal	1,005	932	1,937	404	350	378
3	Nerve Injection	1,599	1,120	2,719	70	83	75
4	Orbital & Other Eye	692	659	1,351	789	883	737
5	Lens interventions	447	12	459	523	350	519
6	Iris & Other Eye	188	189	377	145	137	141
7	Strabismus	467	468	935	1,043	909	976
8	External Eye	4,220	4,348	8,568	151	122	136
9	Bronch/Pharynx	59	69	128	927	938	933
10	Tympanoplasty	182	223	405	937	1,116	1,035
11	Sinus Interventions	418	82	500	1,166	1,255	1,181
12	Other Sinus	595	755	1,350	850	995	931
13	Tonsils & Adenoids 12+ years	425	443	868	706	700	703
13.1	Tonsils & Adenoids 0 < 6 years	456	333	789	832	774	808
13.2	Tonsils & Adenoids 6 < 12 years	582	525	1,107	813	756	786
14	Nasal Interventions	862	997	1,859	391	365	377
15	Other Respiratory	27	49	76	383	616	533
16	External Ear 18 + years	84	137	221	155	132	140
16.1	External Ear 0 < 1.5 years	272	329	601	436	457	448
16.2	External Ear 1.5 < 6 years	641	918	1,559	402	527	476
16.3	External Ear 6 < 12 years	290	467	757	395	538	483
16.4	External Ear 12 < 18 years	42	61	103	383	442	418
17	Respiratory Endoscopy - ENT	1,951	1,102	3,053	483	496	488
18	Pacemaker Implant	214	59	273	6,901	8,597	7,268
19	Cardiac Catheter 18 + years	1,743	1,588	3,331	1,818	2,775	2,274
19.1	Cardiac Catheter 0 < 6 years	122	55	177	4,359	6,116	4,905
19.2	Cardiac Catheter 6 < 18 years	142	88	230	3,925	4,571	4,172
20	Angiography 18 + years	1,659	3,532	5,191	1,273	623	831
20.1	Angiography 0 < 6 years	3	3	6	1,308	1,155	1,231



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
20.2	Angiography 6 < 12 years	4	5	9	1,172	1,027	1,092
20.3	Angiography 12 < 18 years	12	8	20	1,367	1,278	1,331
21	Vascular Interventions 18 + years	499	202	701	1,054	1,047	1,052
21.1	Vascular Interventions 0 < 18 years	30	17	47	1,127	1,297	1,188
22	Other Vascular Interventions	590	526	1,116	869	872	870
23.1	Lymphatic Interventions, Local Anaesthetic	144	123	267	145	162	153
23.2	Lymphatic Interventions, General Anaesthetic	116	179	295	976	993	986
23.3	Lymphatic Interventions, Other Anaesthetic	44	39	83	890	894	892
23.4	Lymphatic Interventions, No Anaesthetic	74	5	79	736	157	699
24	Minor Vascular	561	20	581	654	518	650
25	Cholecystectomy	1,696	1,791	3,487	1,272	1,175	1,222
26	Hernia	2,662	2,573	5,235	1,036	963	1,000
27	ERCP	1,034	541	1,575	673	781	710
28.1	Endoscopy GI - Low	2,258	1,533	3,791	170	153	163
28.2	Endoscopy GI - Medium	20,193	12,187	32,380	289	337	307
28.3	Endoscopy GI - High	2,282	1,461	3,743	329	371	346
29.1	Ano-Rectal Interventions, Local Anaesthetic	28	18	46	131	107	121
29.2	Ano-Rectal Interventions, General Anaesthetic	199	371	570	740	715	724
29.3	Ano-Rectal Interventions, Other Anaesthetic	288	87	375	259	250	257
29.4	Ano-Rectal Interventions, No Anaesthetic	285		285	410		410
30.1	Minor Anal Interventions, Local Anaesthetic	77	44	121	85	85	85
30.2	Minor Anal Interventions, General Anaesthetic	73	52	125	944	670	830
30.3	Minor Anal Interventions, Other Anaesthetic	38	58	96	324	272	293
30.4	Minor Anal Interventions, No Anaesthetic	991	12	1,003	194	226	194
31	Mechanical Implants	25	22	47	1,253	1,077	1,171
32	Lithotripsy	1,936	1,197	3,133	799	894	835
33	Upper Urinary Interventions	1,620	1,234	2,854	514	452	487
34.1	Lower Uri & Genital	610	643	1,253	747	764	756
34.2	Reconstruction, Vas Deferens	25	25	50	1,697	1,477	1,587
35.1	Bladder & Urethral Interventions, Local Anaesthetic	6,156	5,948	12,104	178	231	204
35.2	Bladder & Urethral Interventions, General Anaesthetic	743	1,417	2,160	685	597	627
35.3	Bladder & Urethral Interventions, Other Anaesthetic	49	882	931	587	430	438



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
35.4	Bladder & Urethral Interventions, No Anaesthetic	7,300	18	7,318	277	123	277
36.1	Vasectomy	1,132	900	2,032	245	284	262
36.2	Other Male Genital Interventions	546	424	970	788	727	762
37	Circumcision 18 + years	193	192	385	664	664	664
37.1	Circumcision 0 < 1.5 years	806	703	1,509	245	169	209
37.2	Circumcision 1.5 < 6 years	189	204	393	667	644	655
37.3	Circumcision 6 < 12 years	145	136	281	696	655	676
37.4	Circumcision 12 < 18 years	52	51	103	723	676	700
38	Uro Diagnostic Interventions	2,336	1,192	3,528	194	239	209
39	Uterus & Adnexal Intervention	1,196	914	2,110	970	892	936
40	Endo & Gyn Interventions	1,790	1,333	3,123	605	583	596
41	Minor Gyn Interventions	3,680	731	4,411	147	368	184
42	Evacuations	2,876	1,936	4,812	374	492	421
43	Maxillo-Facial	114	96	210	1,190	1,060	1,131
44	Chest Wall Interventions	300	195	495	840	796	823
45.1	Upper Extremity Interventions	353	373	726	1,189	1,166	1,177
45.2	Shoulder Interventions	293	314	607	1,550	1,368	1,456
46	Open Reductions	723	706	1,429	868	858	863
47	Tendon & Muscle Interventions	767	564	1,331	809	753	786
48	Closed Reductions	1,317	1,310	2,627	328	278	303
49	Lower Extremity	311	490	801	370	730	785
50	Knee Interventions	2,770	2,439	5,209	833	823	828
51	Ankle & Foot	259	229	488	849	844	847
52.1	Remove Int Fixation, Lower Extremity	331	320	651	830	764	798
52.2	Other Removal, Int Fixation	764	657	1,421	253	262	257
53	Soft Tissue Interventions	1,297	981	2,278	367	390	377
54	Manipulations	10,338	5,470	15,808	127	107	120
55	Mastectomy	1,134	1,242	2,376	557	557	557
56.1	Augment/Reduc Breast Bilateral	405	308	713	1,464	1,340	1,410
56.2	Augment/Reduc Breast Unilateral	185	181	366	1,180	1,070	1,125
57	Breast Plastic Interventions	44	41	85	472	362	419
58.1	Ear & Cleft Lip Reconstruction	235	246	481	1,050	1,045	1,047



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
58.2	Face Rhytidectomy	8	15	23	3,301	2,639	2,869
58.3	Other Plastic Reconstruction	413	552	965	351	434	398
59.1	Skin Interventions, Local Anaesthetic	5,904	6,470	12,374	103	104	104
59.2	Skin Interventions, General Anaesthetic	595	876	1,471	818	815	816
59.3	Skin Interventions, Other Anaesthetic	483	584	1,067	204	165	183
59.4	Skin Interventions, No Anaesthetic	5,322	711	6,033	162	121	157
60	Dental Surgery	1,281	1,320	2,601	989	1,040	1,015
61.1	Biopsy, Other	716	594	1,310	546	585	564
61.2	Biopsy, Percutaneous	3,087	1,483	4,570	368	384	373
62	Hemodialysis	64,778	59,436	124,214	296	293	295
62.1	Home Hemodialysis Teaching			5			1,136
62.2	Self-care Hemodialysis			1			149
63	Transfusions	4,391	4,284	8,675	383	397	390
64	Cardioversion	262	183	445	816	469	674
65	Chemotherapy Oncology	713	1,332	2,045	222	187	199
66	Myelogram	227	85	312	403	635	466
68	Thyroid Interventions	35	23	58	1,214	1,196	1,207
69	Parotid Duct Interventions	34	38	72	1,355	1,374	1,365
70	Appendectomy	21	21	42	1,861	1,353	1,607
71	Gastro-Intestinal Related Interventions	2,232	2,021	4,253	204	205	204
72	Peritoneal Dialysis	560	728	1,288	425	590	518
72.1	Home Peritoneal Dialysis Teaching	3,224	1,712	4,936	101	252	154
73	Hos Visit Including Diagnostic Investigation of vascular Sys	3	6	9	204	234	224
74	Hospital Visit Including Nuclear Imaging	10,682	5,739	16,421	547	497	530
75	Hospital Visit Including CAT Scan	33,131	20,341	53,472	318	309	315
76	Hospital Visit Including MRI	5,272	4,513	9,785	661	565	617
77	Hospital Visit Radiotherapy			1			248
78	Chest Xray	11,804		11,804	85		85
79	Other Xray	27,032		27,032	103		103
80	Mammogram	863		863	126		126
81	Ultrasound	13,809		13,809	213		213
82.1	Extensive Sleep Studies	1,101		1,101	976		976



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
82.2	Other Sleep Labs	95		95	281		281
201	Diag Inv General Cardiac 0 < 12 years	157	245	402	231	216	222
203	Diag Inv General Cardiac 12 < 18 years	84	104	188	237	236	237
205	Diag Inv General Cardiac 18+ years	5,920	3,614	9,534	192	208	198
206	Management General Cardiac 0 < 1.5 years	153	108	261	105	120	111
207	Management General Cardiac 1.5 < 12 years	442	395	837	100	101	101
208	Management General Cardiac 12 < 18 years	284	194	478	88	84	87
210	Management General Cardiac 18+ years	24,898	14,491	39,389	81	96	87
213	Dysrhythmia & Conductive Disorders	3,654	2,033	5,687	233	232	232
214	Congestive Heart Failure	1,928	1,748	3,676	138	135	137
215	Inflammatory Cardiac	69	46	115	126	131	128
216	Congenital Heart Disease	2,387	2,287	4,674	239	217	228
217	Diag Inv Angina	1,453	1,296	2,749	333	196	268
218	Management Angina	10,017	7,186	17,203	55	49	52
219	Diag Inv Vascular	367	358	725	325	273	299
220	Management Vascular	1,850	1,675	3,525	86	125	105
251	Diag Inv General Endocrinal 0 < 18 years	140	117	257	233	190	214
254	Diag Inv General Endocrinal 18 + years	41	25	66	268	360	303
255	Management General Endocrinal 0 < 1.5 years	154	148	302	107	79	94
256	Management General Endocrinal 1.5 < 6 years	236	181	417	68	75	71
257	Management General Endocrinal 6 < 18 years	404	409	813	69	77	73
258	Management General Endocrinal 18 + years	3,472	1,334	4,806	110	148	120
259	Management Diabetes < 18 years	1,715	1,659	3,374	216	193	205
260	Management Diabetes 18 + years	16,224	8,709	24,933	97	115	103
262	Thyroiditis	841	185	1,026	111	120	112
264	Management Ketoacidosis	13	20	33	300	216	249
266	Fluid & Electrolyte < 6 years	230	513	743	294	258	269
267	Fluid & Electrolyte 6 + years	2,051	995	3,046	195	221	204
301	Diag Inv General ENT	1,631	1,377	3,008	193	176	185
303	Management General ENT	17,030	17,203	34,233	103	58	80
305	Otitis Media	5,447	6,384	11,831	75	59	66
306	Epistaxis	365	335	700	106	105	106



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
351	Diag Inv General Female Genital Disorders < 45 years	131	148	279	409	332	368
352	Diag Inv General Female Genital Disorders 45 + years	24	12	36	340	436	372
353	Management General Female Genital Disorders < 18 years	353	303	656	93	88	91
354	Management General Female Genital Disorders 18 < 45 years	5,635	1,055	6,690	57	98	63
355	Management General Female Genital Disorders 45 + years	3,118	530	3,648	66	97	71
356	Management Contraceptive	1,985	646	2,631	61	132	79
357	Diag Inv General Male Genital Disorders < 18 years	53	40	93	347	264	311
358	Diag Inv General Male Genital Disorders 18 + years	52	42	94	366	242	311
359	Management General Male Genital Disorders < 18 years	436	376	812	77	79	78
360	Management General Male Genital Disorders 18 + years	1,655	505	2,160	45	79	53
361	Diag Inv Other Genitourological Disorders < 18 years	189	163	352	326	262	296
362	Diag Inv Other Genitourological Disorders 18 + years	942	888	1,830	276	259	268
363	Management Other Genitourological Disorders < 18 years	2,344	2,389	4,733	106	107	106
364	Management Other Genitourological Disorders 18 + years	10,992	7,515	18,507	84	86	85
400	Diag Inv General Gastrointestinal 0 < 1.5 years	222	206	428	281	267	275
401	Diag Inv General Gastrointestinal 1.5 < 6 years	319	267	586	220	200	211
402	Diag Inv General Gastrointestinal 6 < 18 years	780	610	1,390	260	233	248
403	Diag Inv General Gastrointestinal 18 < 45 years	927	895	1,822	398	329	364
404	Diag Inv General Gastrointestinal 45 < 65 years	495	493	988	398	336	367
405	Diag Inv General Gastrointestinal 65 + years	360	434	794	364	330	346
406	Management General Gastrointestinal 0 < 1.5 years	3,120	2,717	5,837	94	88	91
407	Management General Gastrointestinal 1.5 < 6 years	2,880	2,579	5,459	96	87	92
408	Management General Gastrointestinal 6 < 18 years	3,554	3,159	6,713	93	86	89
409	Management General Gastrointestinal 18 < 45 years	6,756	4,342	11,098	88	102	93
410	Management General Gastrointestinal 45 < 65 years	4,243	1,536	5,779	81	113	89
411	Management General Gastrointestinal 65 + years	2,356	931	3,287	82	122	93
412	Constipation with Disimpaction	178	106	284	316	286	305
413	GI Bleed/Perforation/Obstruction	697	404	1,101	152	207	172
451	Diag Inv Hematological	312	227	539	314	310	312
452	Management Hematological 0 < 6 years	560	501	1,061	189	211	199
453	Management Hematological 6 < 12 years	316	281	597	248	209	229
454	Management Hematological 12 < 18 years	531	440	971	200	219	208



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
455	Management Hematological 18 < 65 years	5,143	3,327	8,470	168	185	174
456	Management Hematological 65 + years	1,517	828	2,345	137	160	145
501	Diag Inv Hepatobiliary	255	244	499	416	400	408
502	Management Hepatobiliary	4,029	1,469	5,498	71	150	92
551	Diag Inv Inflamm Musculoskeletal 0 < 6 years	13	7	20	351	270	323
553	Diag Inv Inflamm Musculoskeletal 6 < 12 years	29	23	52	258	189	227
554	Diag Inv Inflamm Musculoskeletal 12 < 18 years	47	39	86	287	318	301
555	Diag Inv Inflamm Musculoskeletal 18 + years	1,115	469	1,584	223	203	217
556	Diag Inv Other Musculoskeletal < 18 years	3,713	2,993	6,706	128	114	122
557	Diag Inv Other Musculoskeletal 18 + years	17,353	10,165	27,518	139	126	134
558	Management Inflamm Musculoskeletal 0 < 6 years	68	63	131	91	73	82
560	Management Inflamm Musculoskeletal 6 < 12 years	180	169	349	80	60	70
561	Management Inflamm Musculoskeletal 12 < 18 years	187	141	328	76	60	69
562	Management Inflamm Musculoskeletal 18 + years	11,476	6,130	17,606	60	73	65
563	Management Other Musculoskeletal < 18 years	3,611	3,113	6,724	44	45	45
564	Management Other Musculoskeletal 18 + years	25,160	15,601	40,761	34	35	34
565	Diag Inv Congenital Musculoskeletal Deformities	60	60	120	208	195	202
566	Management Congenital Musculoskeletal Deformities	385	402	787	94	70	82
567	Diag Inv Other Inflamm Musculoskeletal	272	245	517	175	167	171
568	Management Other Inflamm Musculoskeletal	1,945	1,353	3,298	45	51	48
569	Infectious Musculoskeletal	786	498	1,284	90	104	95
601	Diag Inv General Neurology	432	1,414	1,846	240	602	517
602	Management General Neurology 0 < 6 years	1,015	876	1,891	117	92	106
603	Management General Neurology 6 < 12 years	819	661	1,480	113	88	102
604	Management General Neurology 12 < 18 years	391	299	690	100	83	93
605	Management General Neurology 18 < 65 years	6,129	3,467	9,596	95	108	100
606	Management General Neurology 65 + years	1,756	1,326	3,082	104	171	133
607	Migraine Headache	2,329	1,586	3,915	96	107	100
608	Diag Inv Headache	73	41	114	219	204	213
609	Management Headache	1,535	1,247	2,782	91	91	91
610	Diag Inv Meningitis	6		6	380		380
611	Management Meningitis	103	88	191	115	111	113



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
612	Diag Inv Cerebrovascular	178	197	375	312	394	355
613	Management Cerebrovascular	1,572	2,258	3,830	164	178	172
614	Diag Inv Convulsions	672	129	891	168	313	191
615	Management Convulsions	3,347	3,100	6,447	94	99	96
616	Diag Inv Vertigo	46	52	98	274	334	306
617	Management Vertigo	889	886	1,775	151	149	150
651	Antepartum Routine	1,491	252	1,743	198	91	183
652	Postpartum Routine	215	45	260	193	37	166
653	Diag Inv Neonatal & Congenital	76	51	127	219	214	217
654	Management Neonatal & Congenital	787	1,053	1,840	128	107	116
656	Delivery with Postpartum Complications	2		4	186		113
657	Delivery without Postpartum Complications	4	1	5	43	173	69
658	Postpartum Conditions Outcomes Uncomplicated	469	426	895	100	59	81
659	Diag Inv Pregnancy with Abortive	33	41	74	493	379	430
660	Management Pregnancy with Abortive Outcomes Uncomp	80	137	217	158	162	161
662	Diag Inv Antepartum	2,724	259	2,983	279	240	275
663	Management Antepartum	10,186	6,922	17,108	67	65	66
664	Diag Inv Pregnancy with Abortive Outcomes Complica	5		5	618		618
665	Management Pregnancy with Abortive Outcomes Complic	7	32	39	206	108	125
701	Diag Inv Oncological	235	209	444	234	248	241
702	Management Oncological	1,784	797	2,581	112	167	129
703	Radiotherapy (includes diagnosis code V58.0)	1		1	78		78
704	IV Therapy - Non Cancer Related	25,772	6,609	32,381	95	76	91
751	Diag Inv Ophthalmology 0 < 12 years	36	42	78	206	191	197
752	Diag Inv Ophthalmology 12 < 18 years	12	20	32	227	213	218
753	Diag Inv Ophthalmology 18 < 45 years	364	314	678	220	242	230
754	Diag Inv Ophthalmology 45 + years	2,395	2,027	4,422	225	249	236
755	Management Ophthalmology 0 < 12 years	3,680	3,978	7,658	77	67	72
756	Management Ophthalmology 12 < 18 years	610	641	1,271	81	77	79
757	Management Ophthalmology 18 < 45 years	2,444	2,872	5,316	90	92	91
758	Management Ophthalmology 45 + years	8,104	7,566	15,670	88	102	95
801	Diag Inv Psychiatry	208	242	450	273	324	300



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
802	Management Psychiatry	31,928	16,978	48,906	98	110	102
803	Drug & Alcohol Related Conditions	1,614	1,017	2,631	151	163	155
851	Diag Inv General Respiratory < 18 years	2,123	1,638	3,761	208	197	203
852	Diag Inv General Respiratory 18 + years	2,888	2,304	5,192	258	258	258
853	Management General Respiratory 0 < 1.5 years	2,039	1,615	3,654	122	102	113
854	Management General Respiratory 1.5 < 6 years	3,034	3,286	6,320	131	105	118
855	Management General Respiratory 6 < 18 years	2,986	3,014	6,000	127	118	122
856	Management General Respiratory 18 < 65 years	4,670	4,290	8,960	112	104	108
857	Management General Respiratory 65 + years	2,655	2,066	4,721	168	164	166
863	Diag Inv Severe Respiratory Disease	269	232	501	281	261	271
864	Management Severe Respiratory Disease	993	930	1,923	217	198	208
901	Diag Inv Skin & Soft Tissue	2,169	1,916	4,085	160	139	150
902	Management Skin & Soft Tissue	25,083	15,563	40,646	72	63	68
906	Cellulitis	2,252	1,706	3,958	104	95	100
951	Diag Inv Systemic Infection	709	566	1,275	244	225	235
952	Management Systemic Infection < 18 years	4,853	3,913	8,766	95	92	94
953	Management Systemic Infection 18 < 45 years	508	517	1,025	106	96	101
954	Management Systemic Infection 45 + years	336	178	514	89	105	95
955	Diag Inv AIDS	91	34	125	291	307	295
956	Management AIDS	1,453	562	2,015	131	145	135
999	Ungroupable	33	4	37	84	143	91
1001	Open Fracture Fingers & Toes	41	24	65	183	150	171
1002	Closed Fracture Fingers & Toes	1,007	873	1,880	101	95	98
1003	Fractured Nose, Open & Closed	179	161	340	104	92	98
1004	Open Fracture & Dislocations Other	25	19	44	261	295	275
1005	Closed Fracture & Dislocations Other	4,307	4,292	8,599	167	155	161
1007	Open Wounds without Complications	2,400	3,417	5,817	95	88	91
1008	Open Wound with Complications	240	323	563	104	112	108
1009	Sprains	4,761	6,135	10,896	147	111	127
1010	Contusions Fingers/Toes	304	449	753	102	94	97
1011	Contusions except Fingers/Toes	2,698	3,805	6,503	160	121	137
1012	Open Wound Eye	78	112	190	130	95	110



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
1013	Foreign Body Eyes, Ears, Nose	277	351	628	74	87	81
1014	Foreign Body except Eyes, Ears, Nose	453	433	886	154	125	140
1015	Diag Inv Poisoning	85	109	194	334	310	321
1016	Management Poisoning	1,056	1,236	2,292	187	155	170
1017	Amputation except Fingers/Toes			1			149
1018	Abuse/Sexual Assault 0 < 12 years	368	135	503	481	99	379
1019	Abuse/Sexual Assault 12+ years	105	38	143	454	175	380
1020	Burn Moderate to Severe	34	34	68	113	82	97
1021	Minor Other Injuries	5,018	3,540	8,558	119	107	114
1022	Moderate Other Injuries	726	470	1,196	543	94	366
1024	Comas	10	7	17	292	202	255
1025	Shock	106	95	201	186	148	168
1026	Open Spinal Fracture & Dislocation			1			457
1027	Closed Spinal Fracture & Dislocation	64	121	185	236	198	211
1028	Diag Inv Head Injury	143	136	279	246	207	227
1029	Management Head Injury	1,060	1,251	2,311	72	72	72
1030	Diag Inv Thoraco-Abdominal & Major Vascular	40	31	71	316	289	304
1031	Management Thoraco-Abdominal & Major Vascular	414	397	811	107	95	101
1032	Burn Minor 0 < 6 years	197	224	421	104	83	93
1033	Burn Minor 6 + years	403	489	892	105	99	101
1034	Diag Inv Major Other Injuries	16	19	35	217	256	238
1035	Management Major Other Injuries	173	49	222	259	105	225
1051	Assessment Referral	461	543	1,004	176	145	159
1052	Assessment Intake	4,106	4,307	8,413	157	149	153
1053	Assessment Collateral	344	424	768	126	151	140
1054	Legal Assessment Half Day			1			149
1055	Legal Assessment Full Day			1			149
1056	Assessment Specialized	389	316	705	174	141	159
1057	Individual Therapy	30,487	35,182	65,669	82	83	82
1058	Crisis/Intervention Calls Telephone Crisis Calls	2		2	61		61
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call			1			149
1060	Couple Therapy	171	234	405	191	153	169



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
1061	Family Therapy	310	512	822	207	128	158
1062	Group Therapy	43,303	57,980	101,283	38	38	38
1063	ECT	912	649	1,561	270	278	274
1064	Medication Administration	6,671	2,940	9,611	96	210	131
1065	Patient Specific Consultations/Case Supervision	5,064	7,103	12,167	80	62	69
1066	Patient Specific Hearings						
1067	Patient Specific Professional Reports and Applications			1			149
1068	Patient Specific Critical Incident Documentation			1			149
1069	Diagnostic Testing/Scoring Testing Type 1	395	567	962	461	362	403
1070	Diagnostic Testing/Scoring Testing Type 2	76	85	161	414	392	403
1071	Diagnostic Testing/Scoring Testing Type 3	3	4	7	952	1,117	1,047
1072	Therapeutic Milieu Programs Half Day	727	592	1,319	34	84	57
1073	Therapeutic Milieu Programs Full Day						149
1074	Mental Health Education 0-120 min	139	140	279	57	55	56
1075	Mental Health Education 121-240 min						
1076	Mental Health Education 241-360 min						
1077	Mental Health Education 361-480 min						
1101	OT Group 1	26,091	23,973	50,064	22	20	21
1102	OT Group 2	18,439	18,008	36,447	56	49	53
1103	OT Group 3	3,241	2,387	5,628	88	68	80
1104	OT Group 4	12,012	11,398	23,410	137	123	130
1105	OT Group 5	649	605	1,254	222	157	191
1106	OT Group 6	234	293	527	351	272	307
1111	Physical Therapy Group 1	47,312	35,809	83,121	28	34	31
1112	Physical Therapy Group 2	33,139	21,379	54,518	54	54	54
1113	Physical Therapy Group 3	6,171	4,460	10,631	70	65	68
1114	Physical Therapy Group 4	11,888	7,815	19,703	110	101	106
1115	Physical Therapy Group 5	328	392	720	177	140	157
1116	Physical Therapy Group 6	59	63	122	270	209	239
1121	Recreational Therapy Group 1	7,895	5,799	13,694	15	17	16
1122	Recreational Therapy Group 2	3,162	2,205	5,367	37	41	39
1123	Recreational Therapy Group 3	23	745	768	78	91	90



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
1124	Recreational Therapy Group 4	1,059	129	1,188	84	52	80
1125	Recreational Therapy Group 5	19	23	42	134	124	129
1126	Recreational Therapy Group 6	2	5	7	241	277	267
1131	Speech-Language Pathology Group 1	36,131	35,799	71,930	46	46	46
1132	Speech-Language Pathology Group 2	4,206	4,274	8,480	149	138	144
1133	Speech-Language Pathology Group 3	77	65	142	159	181	169
1134	Speech-Language Pathology Group 4	1,803	1,980	3,783	173	151	161
1135	Speech-Language Pathology Group 5	1,111	1,045	2,156	244	241	242
1136	Speech-Language Pathology Group 6	70	81	151	395	412	404
1141	Audiology Group 1	109	74	183	24	29	26
1142	Audiology Group 2	2,227	2,521	4,748	135	126	130
1143	Audiology Group 3	3,105	2,066	5,171	219	257	234
1144	Audiology Group 4	263	184	447	577	616	593
1145	Audiology Group 5 - Cochlear Implant			1			149
1151	Resp Therapy Group 1	6,087	2,557	8,644	37	37	37
1152	Resp Therapy Group 2	11,220	7,006	18,226	71	75	72
1153	Resp Therapy Group 3	4,841	3,289	8,130	144	122	135
1154	Resp Therapy Group 4	4,799	3,853	8,652	180	134	159
1155	Resp Therapy Group 5	998	1,164	2,162	325	235	276
1156	Resp Therapy Group 6	658	493	1,151	400	349	378
1201	Clinical Nutrition Group 1	14,638	9,931	24,569	35	42	38
1202	Clinical Nutrition Group 2	12,953	8,626	21,579	59	75	66
1203	Clinical Nutrition Group 3	2,165	1,343	3,508	88	82	86
1204	Clinical Nutrition Group 4	6,540	4,137	10,677	150	136	144
1205	Clinical Nutrition Group 5	678	438	1,116	216	184	203
1206	Clinical Nutrition Group 6	125	68	193	321	260	299
1221	Social Work Group 1	15,880	9,071	24,951	39	36	38
1222	Social Work Group 2	8,743	7,074	15,817	104	97	101
1223	Social Work Group 3	773	755	1,528	220	207	214
1224	Social Work Group 4	171	193	364	311	265	286
1225	Social Work Group 5	18	14	32	412	338	379
1226	Social Work Group 6	2	1	3	1,187	944	1,106



## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
1241	Psychology Group 1	15,741	12,781	28,522	46	49	47
1242	Psychology Group 2	4,217	3,896	8,113	150	139	145
1243	Psychology Group 3	442	519	961	241	232	236
1244	Psychology Group 4	1,892	647	2,539	377	340	368
1245	Psychology Group 5	26	78	104	549	547	547
1246	Psychology Group 6	10	58	68	646	501	523
1247	Psychology Group 7	346	435	781	152	203	180
1248	Psychology Group 8	247	421	668	314	379	355
1249	Psychology Group 9	114	171	285	596	576	584
2001	Critical Care Unit or O.R. with Secondary Diagnosis	524	493	1,017	387	385	386
2002	Critical Care Unit or O.R. without Secondary Diagnosis	1,034	1,163	2,197	347	335	340
2003	Other Unit with Secondary Diagnosis	4,771	4,617	9,388	333	315	324
2004	Other Unit without Secondary Diagnosis	8,813	9,333	18,146	296	276	286
2021	DOA	15	53	68	205	76	105
2022	Died During Visit	73	96	169	280	240	257
2023	Death - Organ Donor		2		52		52
2041	Patient Transferred with Secondary Diagnosis	481	271	752	371	296	344
2042	Patient Transferred without Secondary Diagnosis	678	444	1,122	315	311	313
2050	Diag Inv General Symptoms/Exam	5,333	16,011	21,344	207	138	155
2051	Management General Symptoms/Exam < 18 years	9,892	15,256	25,148	184	149	162
2052	Management General Symptoms/Exam 18 < 45 years	8,427	9,838	18,265	135	96	114
2053	Management General Symptoms/Exam 45 < 65 years	5,823	6,202	12,025	158	122	140
2054	Management General Symptoms/Exam 65+ years	9,302	11,467	20,769	133	144	139
2059	Prophylactic Vaccination	2,790	1,941	4,731	106	74	93
2060	Therapeutic Medical Counseling	24,636	2,284	26,920	45	115	51
2062	Preoperative Exam	27,696	12,846	40,542	191	188	190
2063	Private Practice Office Visit	4,742	22,987	27,729	31	58	54
2064	Therapy - No Intervention Code	1,451	8	1,459	132	79	132
2066	Contact/Carrier of Communicable Disease	602	610	1,212	143	148	146
2067	Health Hazard Related to Personal/Family History	817	128	945	1,114	118	979
2068	Routine Health Supervision	7,105	5,092	12,197	80	85	82
2069	Postsurgical Status	11,559	6,878	18,437	77	62	71

## Schedule 6 -- Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2000/2001	1999/2000	Blended	2000/2001	1999/2000	Blended
2070	Follow-up/Convalescence	13,215	7,570	20,785	73	88	79
2071	Screening Exam	4,007	4,832	8,839	176	308	248
2072	Screening Exam - Genetics						
2073	Genetic Counselling	1,424		1,424	1,035		1,035
2081	Non Registered Service Recipients						
2082	Mode of Service - Telephone	78,170	88,467	166,637	39	37	38
2099	Patient Left Without Being Seen	1,838	1,904	3,742	102	56	79



## Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001			Blended		
			Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	
1.1	Nerve & Other, Local Anaesthetic	0.817683	1,844	1,179	111	0.53	60	
1.2	Nerve & Other, General Anaesthetic	7.131483	550	112	1,005	0.55	556	
1.3	Nerve & Other, Other Anaesthetic	4.367833	1,159	58	550	0.42	233	
1.4	Nerve & Other, No Anaesthetic	3.924994	620	336	545	0.48	261	
2	Spinal	2.473181	3,577	1,005	378	0.79	299	
3	Nerve Injection	0.528398	2,373	1,599	75	1.85	139	
4	Orbital & Other Eye	5.494898	2,496	692	737	0.94	690	
5	Lens Interventions	4.825909	10,698	447	519	0.46	240	
6	Iris & Other Eye	1.034222	530	188	141	1.95	275	
7	Strabismus	6.509351	903	467	976	0.31	301	
8	External Eye	0.996997	19,230	4,220	136	1.94	264	
9	Bronch/ Pharynx	6.212716	211	59	933	0.54	507	
10	Tympanoplasty	7.073117	648	182	1,035	0.65	673	
11	Sinus Interventions	8.299481	1,396	418	1,181	0.59	700	
12	Other Sinus	6.811667	1,531	595	931	0.40	368	
13	Tonsils & Adenoids 12+ years	5.105379	1,474	425	703	0.38	265	
13.1	Tonsils & Adenoids 0 < 6 years	5.505121	932	456	808	0.35	286	
13.2	Tonsils & Adenoids 6 < 12 years	5.414550	1,279	582	786	0.29	231	
14	Nasal Interventions	2.701558	7,463	862	377	1.15	432	
15	Other Respiratory	3.660464	156	27	533	0.80	425	
16	External Ear 18+ years	1.071786	564	84	140	1.42	199	
16.1	External Ear 0 < 1.5 years	3.012409	472	272	448	0.31	140	
16.2	External Ear 1.5 < 6 years	3.189793	1,459	641	476	0.52	247	
16.3	External Ear 6 < 12 years	3.220681	739	290	483	1.06	511	
16.4	External Ear 12 < 18 years	2.794258	144	42	418	0.42	176	
17	Respiratory Endoscopy - ENT	3.253691	4,176	1,951	488	0.75	367	
18	Pacemaker Implant	47.911657	487	214	7,268	0.67	4,858	
19	Cardiac Catheter 18+ years	13.650589	7,608	1,743	2,274	0.66	1,505	
19.1	Cardiac Catheter 0 < 6 years	29.303224	131	122	4,905	0.50	2,450	
19.2	Cardiac Catheter 6 < 18 years	25.071848	156	142	4,172	0.52	2,166	
20	Angiography 18+ years	5.569192	2,924	1,659	831	1.02	851	

## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001		Blended		Coefficient of Variation	Standard Deviation
			Activity	Costed Cases	Average Cost	Cost		
20.1	Angiography 0 < 6 years	7.823573	3	3	1,231	1,231	0.39	482
20.2	Angiography 6 < 12 years	6.739806	6	4	1,092	1,092	0.22	245
20.3	Angiography 12 < 18 years	8.328995	23	12	1,331	1,331	0.56	749
21	Vascular Interventions 18 + years	6.579189	1,466	499	1,052	1,052	0.62	650
21.1	Vascular Interventions 0 < 18 years	7.239677	68	30	1,188	1,188	1.20	1,428
22	Other Vascular Interventions	6.297486	1,864	590	870	870	0.57	495
23.1	Lymphatic Interventions, Local Anaesthetic	1.062440	322	144	153	153	0.80	122
23.2	Lymphatic Interventions, General Anaesthetic	7.070769	328	116	986	986	0.54	536
23.3	Lymphatic Interventions, Other Anaesthetic	5.514021	75	44	892	892	0.31	276
23.4	Lymphatic Interventions, No Anaesthetic	5.080097	249	74	899	899	0.63	441
24	Minor Vascular	4.507998	2,142	561	650	650	0.80	523
25	Cholecystectomy	8.873161	3,057	1,696	1,222	1,222	0.45	554
26	Hernia	7.069617	5,379	2,662	1,000	1,000	0.40	404
27	ERCP	4.700510	2,187	1,034	710	710	0.58	414
28.1	Endoscopy GI - Low	1.161961	7,117	2,258	163	163	0.84	137
28.2	Endoscopy GI - Medium	2.093350	47,525	20,193	307	307	0.80	247
28.3	Endoscopy GI - High	2.390309	5,239	2,282	346	346	0.70	242
29.1	Ano-Rectal Interventions, Local Anaesthetic	0.912643	163	28	121	121	1.29	156
29.2	Ano-Rectal Interventions, General Anaesthetic	5.254048	808	199	724	724	0.43	310
29.3	Ano-Rectal Interventions, Other Anaesthetic	1.939777	1,131	288	257	257	0.67	172
29.4	Ano-Rectal Interventions, No Anaesthetic	3.028336	814	285	410	410	0.65	267
30.1	Minor Anal Interventions, Local Anaesthetic	0.623344	432	77	85	85	0.81	69
30.2	Minor Anal Interventions, General Anaesthetic	5.778560	198	73	830	830	0.43	357
30.3	Minor Anal Interventions, Other Anaesthetic	2.046416	259	38	293	293	0.70	205
30.4	Minor Anal Interventions, No Anaesthetic	1.332218	3,772	991	194	194	1.04	201
31	Mechanical Implants	8.610606	32	25	1,171	1,171	0.31	357
32	Lithotripsy	6.251163	2,711	1,936	835	835	0.25	212
33	Upper Urinary Interventions	3.585631	1,966	1,620	487	487	0.72	352
34.1	Lower Uri & Genital	5.160181	1,005	610	756	756	0.57	434
34.2	Reconstruction, Vas Deferens	11.794335	48	25	1,587	1,587	0.28	444
35.1	Bladder & Urethral Interventions, Local Anaesthetic	1.556974	9,724	6,156	204	204	0.52	106



## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001			Blended		Standard Deviation
			Activity	Costed Cases	Average Cost	Coefficient of Variation		
35.2	Bladder & Urethral Interventions, General Anaesthetic	4,604298	1,304	743	627	0.45	282	
35.3	Bladder & Urethral Interventions, Other Anaesthetic	3,328713	365	49	438	0.54	237	
35.4	Bladder & Urethral Interventions, No Anaesthetic	2,047665	11,208	7,300	277	0.62	172	
36.1	Vasectomy	1,976688	3,028	1,132	262	0.82	216	
36.2	Other Male Genital Interventions	5,394134	788	546	762	0.37	279	
37	Circumcision 18 + years	4,969448	320	193	664	0.39	259	
37.1	Circumcision 0 < 1.5 years	1,518577	1,979	806	209	1.10	231	
37.2	Circumcision 1.5 < 6 years	4,447660	303	189	655	0.34	226	
37.3	Circumcision 6 < 12 years	4,671950	233	145	676	0.29	199	
37.4	Circumcision 12 < 18 years	4,971894	77	52	700	0.29	205	
38	Uro Diagnostic Interventions	1,443712	5,095	2,336	209	0.76	159	
39	Uterus & Adnexal Intervention	6,989401	4,923	1,196	936	0.46	435	
40	Endo & Gyn Interventions	4,557128	8,249	1,790	596	0.38	225	
41	Minor Gyn Interventions	1,383435	13,723	3,680	184	1.26	231	
42	Evacuatuions	3,247458	9,518	2,876	421	0.46	194	
43	Maxillo-Facial	8,208940	297	114	1,131	0.61	691	
44	Chest Wall Interventions	5,770495	620	300	823	0.64	528	
45.1	Upper Extremity Interventions	7,837461	869	353	1,177	0.68	795	
45.2	Shoulder Interventions	11,167018	1,068	293	1,456	0.37	535	
46	Open Reductions	6,360572	1,519	723	863	0.46	400	
47	Tendon & Muscle Interventions	5,621013	2,394	767	786	0.95	745	
48	Closed Reductions	1,980892	7,997	1,317	303	0.78	238	
49	Lower Extremity	5,194644	1,299	311	785	0.77	605	
50	Knee Interventions	6,201756	7,977	2,770	828	0.49	402	
51	Ankle & Foot	6,116812	734	259	847	0.65	547	
52.1	Remove Int Fixation, Lower Extremity	5,727260	946	331	798	0.48	380	
52.2	Other Removal, Int Fixation	1,761892	1,200	764	257	1.11	286	
53	Soft Tissue Interventions	2,689431	4,188	1,297	377	1.01	382	
54	Manipulations	0,849947	18,344	10,338	120	0.53	63	
55	Mastectomy	4,095043	3,222	1,134	557	0.92	510	
56.1	Augment/ Reduc Breast Bilateral	10,205013	835	405	1,410	0.34	474	

## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001		Blended		
			Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
56.2	Augment/Reduce Breast Unilateral	8.166317	492	185	1,125	0.47	526
57	Breast Plastic Interventions	3.017051	274	44	419	1.00	419
58.1	Ear & Cleft Lip Reconstruction	7.298431	388	235	1,047	0.41	425
58.2	Face Rhytidectomy	21.293017	73	8	2,869	0.58	1,671
58.3	Other Plastic Reconstruction	2.769332	3,077	413	398	1.36	542
59.1	Skin Interventions, Local Anaesthetic	0.758748	48,702	5,904	104	0.66	99
59.2	Skin Interventions, General Anaesthetic	5.752309	1,745	595	816	0.74	605
59.3	Skin Interventions, Other Anaesthetic	1.279898	3,438	483	183	1.57	287
59.4	Skin Interventions, No Anaesthetic	1.103150	44,916	5,322	157	1.13	178
60	Dental Surgery	6.957629	4,272	1,281	1,015	0.59	604
61.1	Biopsy, Other	3.475156	1,591	716	564	0.90	509
61.2	Biopsy, Percutaneous	2.566338	7,081	3,087	373	0.78	291
62	Hemodialysis	1.759623	134,872	64,778	295	0.29	85
62.1	Home Hemodialysis Teaching	7.537460	259		1,136	0.91	1,033
62.2	Selfcare Hemodialysis	1.000000	488		149	-	-
63	Transfusions	2.575281	24,031	4,391	390	0.96	376
64	Cardioversion	4.782898	1,203	262	674	0.64	431
65	Chemotherapy Oncology	1.199060	1,868	713	199	0.57	113
66	Myelogram	3.526186	944	227	466	0.31	144
68	Thyroid Interventions	7.904475	67	35	1,207	0.60	724
69	Parotid Duct Interventions	9.669464	113	34	1,365	0.51	696
70	Appendectomy	10.820004	44	21	1,607	0.54	874
71	Gastro-Intestinal Related Interventions	1.327428	3,332	2,232	204	0.86	175
72	Peritoneal Dialysis	3.109778	1,018	560	518	0.74	385
72.1	Home Peritoneal Dialysis Teaching	0.920073	3,602	3,224	154	1.39	214
73	Hos Visit Including Diagnostic Investigation of vascular Sys	1.443982	14	3	224	0.54	121
74	Hospital Visit Including Nuclear Imaging	3.574486	45,071	10,682	530	0.53	281
75	Hospital Visit Including CAT Scan	2.091023	108,274	33,131	315	0.80	253
76	Hospital Visit Including MRI	4.346653	32,192	5,272	617	0.49	304
77	Hospital Visit Radiotherapy	1.646447	2		248	-	-
78	Chest Xray	0.611758	57,988	11,804	85	1.03	88



## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001			Blended		Standard Deviation
			Activity	Costed Cases	Average Cost	Coefficient of Variation		
79	Other Xray	0.756383	145,936	27,032	103	0.93	96	
80	Mammogram	1.184792	4,699	863	126	0.48	60	
81	Ultrasound	1.573336	54,068	13,809	213	0.55	116	
82.1	Extensive Sleep Studies	5.756524	1,276	1,101	976	0.23	221	
82.2	Other Sleep Labs	1.666972	205	95	281	0.56	159	
201	Diag Inv General Cardiac 0 < 12 years	1.342113	1,632	157	222	0.45	100	
203	Diag Inv General Cardiac 12 < 18 years	1.457897	698	84	237	0.57	136	
205	Diag Inv General Cardiac 18+ years	1.359351	13,550	5,920	198	0.69	136	
206	Management General Cardiac 0 < 1.5 years	0.699064	665	153	111	0.80	89	
207	Management General Cardiac 1.5 < 12 years	0.614593	1,680	442	101	0.62	63	
208	Management General Cardiac 12 < 18 years	0.546863	963	284	87	0.78	68	
210	Management General Cardiac 18+ years	0.583958	47,519	24,898	87	0.96	83	
213	Dysrhythmia & Conductive Disorders	1.525585	14,516	3,654	232	1.21	280	
214	Congestive Heart Failure	0.865652	5,187	1,928	137	0.88	121	
215	Inflammatory Cardiac	0.881202	282	69	128	1.74	223	
216	Congenital Heart Disease	1.363690	4,030	2,387	228	0.58	132	
217	Diag Inv Angina	1.685705	4,127	1,453	268	0.78	210	
218	Management Angina	0.345318	16,127	10,017	52	1.24	65	
219	Diag Inv Vascular	1.839740	1,444	367	299	0.66	198	
220	Management Vascular	0.717098	7,656	1,850	105	1.14	120	
251	Diag Inv General Endocrinal 0 < 18 years	1.289616	253	140	214	0.81	173	
254	Diag Inv General Endocrinal 18+ years	1.888418	140	41	303	0.63	190	
255	Management General Endocrinal 0 < 1.5 years	0.847464	340	154	94	1.23	115	
256	Management General Endocrinal 1.5 < 6 years	0.466873	487	236	71	0.88	62	
257	Management General Endocrinal 6 < 18 years	0.461169	1,312	404	73	1.87	137	
258	Management General Endocrinal 18+ years	0.777924	6,496	3,472	120	2.49	299	
259	Management Diabetes < 18 years	1.234822	4,153	1,715	205	0.57	116	
260	Management Diabetes 18+ years	0.719151	31,221	16,224	103	0.86	89	
262	Thyrotoxicosis	0.696187	1,219	841	112	1.52	170	
264	Management Ketoacidosis	1.667398	100	13	249	0.58	143	
266	Fluid & Electrolyte < 6 years	1.735120	614	230	269	0.83	224	

## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001			Blended		Standard Deviation
			Activity	Costed Cases	Average Cost	Coefficient of Variation		
267	Fluid & Electrolyte 6 + years	1.307257	6,038	2,051	204	0.76	154	
301	Diag Inv General ENT	1.205752	9,016	1,631	185	0.60	111	
303	Management General ENT	0.627861	141,911	17,030	80	2.77	222	
305	Otitis Media	0.515978	41,871	5,447	66	0.74	49	
306	Epistaxis	0.718680	3,122	365	106	0.87	92	
351	Diag Inv General Female Genital Disorders < 45 years	2.280190	1,227	131	368	0.55	202	
352	Diag Inv General Female Genital Disorders 45 + years	2.310070	162	24	372	0.62	229	
353	Management General Female Genital Disorders < 18 years	0.686829	2,198	353	91	0.88	80	
354	Management General Female Genital Disorders 18 < 45 years	0.495178	16,539	5,635	63	1.29	82	
355	Management General Female Genital Disorders 45 + years	0.528969	5,779	3,118	71	0.86	61	
356	Management Contraceptive	0.563514	4,126	1,985	79	0.91	72	
357	Diag Inv General Male Genital Disorders < 18 years	1.904359	101	53	311	0.49	151	
358	Diag Inv General Male Genital Disorders 18 + years	1.885021	293	52	311	0.45	140	
359	Management General Male Genital Disorders < 18 years	0.533174	2,272	436	78	1.02	80	
360	Management General Male Genital Disorders 18 + years	0.404247	5,931	1,655	53	1.45	77	
361	Diag Inv Other Genitourlogical Disorders < 18 years	1.882919	674	189	296	0.84	250	
362	Diag Inv Other Genitourlogical Disorders 18 + years	1.706125	6,835	942	268	0.68	182	
363	Management Other Genitourlogical Disorders < 18 years	0.739432	11,112	2,344	106	0.96	102	
364	Management Other Genitourlogical Disorders 18 + years	0.584933	61,606	10,992	85	1.14	97	
400	Diag Inv General Gastrointestinal 0 < 1.5 years	1.746456	503	222	275	0.95	261	
401	Diag Inv General Gastrointestinal 1.5 < 6 years	1.350632	820	319	211	0.88	186	
402	Diag Inv General Gastrointestinal 6 < 18 years	1.597993	2,640	780	248	0.69	172	
403	Diag Inv General Gastrointestinal 18 < 45 years	2.255711	9,016	927	364	0.54	196	
404	Diag Inv General Gastrointestinal 45 < 65 years	2.297012	4,421	495	367	0.54	199	
405	Diag Inv General Gastrointestinal 65 + years	2.209421	3,866	360	346	0.59	206	
406	Management General Gastrointestinal 0 < 1.5 years	0.620548	10,830	3,120	91	1.30	118	
407	Management General Gastrointestinal 1.5 < 6 years	0.620953	11,914	2,880	92	1.24	114	
408	Management General Gastrointestinal 6 < 18 years	0.612722	18,775	3,554	89	1.06	95	
409	Management General Gastrointestinal 18 < 45 years	0.690826	56,963	6,756	93	0.96	89	
410	Management General Gastrointestinal 45 < 65 years	0.629651	24,260	4,243	89	1.03	92	
411	Management General Gastrointestinal 65 + years	0.659560	15,051	2,356	93	1.09	102	



## Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001			Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Cases	Costed			
412	Constipation with Disimpaction	1.843541	2,067	178	305	0.64	194	
413	GI Bleed/Perforation/Obstruction	1.123376	4,213	697	172	1.04	179	
451	Diag Inv Hematological	1.923137	681	312	312	0.74	232	
452	Management Hematological 0 < 6 years	1.230984	1,124	560	199	0.96	192	
453	Management Hematological 6 < 12 years	1.402974	807	316	229	1.01	231	
454	Management Hematological 12 < 18 years	1.270875	893	531	208	0.96	200	
455	Management Hematological 18 < 65 years	1.084113	7,739	5,143	174	1.11	194	
456	Management Hematological 65 + years	0.902033	2,608	1,517	145	0.93	135	
501	Diag Inv Hepatobiliary	2.530503	1,858	255	408	0.57	234	
502	Management Hepatobiliary	0.615147	11,132	4,029	92	1.24	114	
551	Diag Inv Inflamm Musculoskeletal 0 < 6 years	2.063305	62	13	323	0.69	222	
553	Diag Inv Inflamm Musculoskeletal 6 < 12 years	1.463866	121	29	227	0.96	217	
554	Diag Inv Inflamm Musculoskeletal 12 < 18 years	1.920088	211	47	301	1.32	399	
555	Diag Inv Inflamm Musculoskeletal 18 + years	1.406947	4,878	1,115	217	0.74	161	
556	Diag Inv Other Musculoskeletal < 18 years	0.785757	14,440	3,713	122	0.68	83	
557	Diag Inv Other Musculoskeletal 18 + years	0.884457	41,398	17,353	134	0.67	90	
558	Management Inflamm Musculoskeletal 0 < 6 years	0.534614	967	68	82	1.32	109	
560	Management Inflamm Musculoskeletal 6 < 12 years	0.448584	500	180	70	0.92	65	
561	Management Inflamm Musculoskeletal 12 < 18 years	0.453478	847	187	69	1.18	81	
562	Management Inflamm Musculoskeletal 18 + years	0.417981	26,400	11,476	65	1.08	70	
563	Management Other Musculoskeletal < 18 years	0.307654	17,737	3,611	45	1.92	86	
564	Management Other Musculoskeletal 18 + years	0.243582	89,158	25,160	34	1.75	60	
565	Diag Inv Congenital Musculoskeletal Deformities	1.285214	441	60	202	0.83	167	
566	Management Congenital Musculoskeletal Deformities	0.508539	2,019	385	82	1.44	118	
567	Diag Inv Other Inflamm Musculoskeletal	1.147665	2,571	272	171	0.51	87	
568	Management Other Inflamm Musculoskeletal	0.371555	11,620	1,945	48	1.20	57	
569	Infectious Musculoskeletal	0.674076	1,569	786	95	1.30	124	
601	Diag Inv General Neurology	3.169771	1,461	432	517	0.51	264	
602	Management General Neurology 0 < 6 years	0.672601	2,548	1,015	106	0.82	87	
603	Management General Neurology 6 < 12 years	0.647110	2,058	819	102	0.74	75	
604	Management General Neurology 12 < 18 years	0.598377	1,530	391	93	1.43	132	

## Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
605	Management General Neurology 18 < 65 years	0.665915	14,256	6,129	100	1.60	160
606	Management General Neurology 65 + years	0.862472	4,597	1,756	133	2.01	267
607	Migraine Headache	0.710155	27,428	2,329	100	0.77	77
608	Diag Inv Headache	1.363395	551	73	213	0.70	149
609	Management Headache	0.632684	14,746	1,535	91	0.89	81
610	Diag Inv Meningitis	2.236247	16	6	380	0.82	311
611	Management Meningitis	0.731277	229	103	113	1.30	147
612	Diag Inv Cerebrovascular	2.239052	1,258	178	355	0.57	203
613	Management Cerebrovascular	1.176429	11,068	1,572	172	2.42	418
614	Diag Inv Convulsions	1.312695	1,060	672	191	0.94	180
615	Management Convulsions	0.631054	8,165	3,347	96	1.20	116
616	Diag Inv Vertigo	1.961627	440	46	306	0.58	179
617	Management Vertigo	1.004031	7,864	889	150	1.68	252
651	Antepartum Routine	1.194899	7,602	1,491	183	0.91	166
652	Postpartum Routine	1.098344	820	215	166	0.89	148
653	Diag Inv Neonatal & Congenital	1.435149	160	76	217	0.53	116
654	Management Neonatal & Congenital	0.777130	3,822	787	116	1.21	140
656	Delivery with Postpartum Complications	0.775262	16	2	113	0.79	89
657	Delivery without Postpartum Complications	0.460257	45	4	69	0.87	60
658	Postpartum Conditions Outcomes Uncomplicated	0.615602	3,028	469	81	0.80	65
659	Diag Inv Pregnancy with Abortive	2.699313	726	33	430	0.51	220
660	Management Pregnancy with Abortive Outcomes Uncomp	1.293475	2,095	80	161	1.06	170
662	Diag Inv Antepartum	2.080186	4,265	2,724	275	0.34	95
663	Management Antepartum	0.501814	32,013	10,186	66	0.85	56
664	Diag Inv Pregnancy with Abortive Outcomes Complica	3.647163	117	5	618	0.25	156
665	Management Pregnancy with Abortive Outcomes Complic	1.095799	396	7	125	0.71	89
701	Diag Inv Oncological	1.655662	1,239	235	241	0.59	141
702	Management Oncological	0.882588	11,273	1,784	129	1.83	236
703	Radiotherapy (includes diagnosis code V58.0)	0.596354	13	1	78	-	-
704	IV Therapy -- Non Cancer Related	0.670286	138,257	25,772	91	0.86	78
751	Diag Inv Ophthalmology 0 < 12 years	1.403329	69	36	197	0.50	99



## Schedule 7 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
752	Diag Inv Ophthalmology 12 < 18 years	1.601525	52	12	218	0.35	77
753	Diag Inv Ophthalmology 18 < 45 years	1.714706	1,093	364	230	0.30	69
754	Diag Inv Ophthalmology 45 + years	1.785242	5,845	2,395	236	0.23	54
755	Management Ophthalmology 0 < 12 years	0.460793	16,836	3,680	72	0.66	47
756	Management Ophthalmology 12 < 18 years	0.546805	3,657	630	79	0.65	51
757	Management Ophthalmology 18 < 45 years	0.672372	19,933	2,444	91	0.64	58
758	Management Ophthalmology 45 + years	0.700023	31,098	8,104	95	0.57	54
801	Diag Inv Psychiatry	1.930166	1,184	208	300	0.57	170
802	Management Psychiatry	0.678513	75,467	31,928	102	1.08	110
803	Drug & Alcohol Related Conditions	1.083839	11,790	1,614	155	0.82	127
851	Diag Inv General Respiratory < 18 years	1.330420	8,120	2,123	203	0.66	134
852	Diag Inv General Respiratory 18 + years	1.693207	24,277	2,888	258	0.56	145
853	Management General Respiratory 0 < 1.5 years	0.758460	8,229	2,039	113	1.21	137
854	Management General Respiratory 1.5 < 6 years	0.796677	12,794	3,034	118	1.20	142
855	Management General Respiratory 6 < 18 years	0.835261	15,490	2,986	122	1.02	125
856	Management General Respiratory 18 < 65 years	0.772063	40,575	4,670	108	0.96	104
857	Management General Respiratory 65 + years	1.049473	10,736	2,655	166	0.71	118
863	Diag Inv Severe Respiratory Disease	1.814215	669	269	271	0.29	79
864	Management Severe Respiratory Disease	1.366707	3,022	993	208	0.38	79
901	Diag Inv Skin & Soft Tissue	1.002802	6,040	2,169	150	0.65	97
902	Management Skin & Soft Tissue	0.493858	130,716	25,083	68	1.01	69
906	Cellulitis	0.724459	17,738	2,252	100	0.99	99
951	Diag Inv Systemic Infection	1.503919	2,769	709	235	0.65	152
952	Management Systemic Infection < 18 years	0.640341	19,719	4,853	94	1.03	96
953	Management Systemic Infection 18 < 45 years	0.729357	4,805	508	101	0.79	80
954	Management Systemic Infection 45 + years	0.650554	1,678	336	95	0.90	85
955	Diag Inv AIDS	1.777321	100	91	295	0.62	184
956	Management AIDS	0.818518	1,516	1,453	135	0.82	111
999	Ungroupable	0.621719	62	33	91	1.03	93
1001	Open Fracture Fingers & Toes	1.079394	338	41	171	0.47	80
1002	Closed Fracture Fingers & Toes	0.654326	6,957	1,007	98	0.71	69

## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001		Blended	
			Activity	Costed Cases	Average Cost	Coefficient of Variation
1003	Fractured Nose, Open & Closed	0.687989	1,523	179	98	0.86
1004	Open Fracture & Dislocations Other	1.715913	204	25	275	1.14
1005	Closed Fracture & Dislocations Other	1.070406	45,206	4,307	161	0.95
1007	Open Wounds without Complications	0.651056	28,797	2,400	91	0.84
1008	Open Wound with Complications	0.761622	2,449	240	108	0.96
1009	Sprains	0.910879	79,851	4,761	127	0.81
1010	Contusions Fingers/Toes	0.718384	6,507	304	97	0.63
1011	Contusions except Fingers/Toes	0.958798	51,563	2,698	137	0.88
1012	Open Wound Eye	0.805494	809	78	110	0.87
1013	Foreign Body Eyes, Ears, Nose	0.600590	5,290	277	81	0.82
1014	Foreign Body except Eyes, Ears, Nose	0.930895	2,796	453	140	0.83
1015	Diag Inv Poisoning	2.020059	776	85	321	0.54
1016	Management Poisoning	1.141316	11,483	1,056	170	0.90
1017	Amputation except Fingers/Toes	1.000000	6		149	-
1018	Abuse/Sexual Assault 0 < 12 years	2.279145	504	368	379	0.97
1019	Abuse/Sexual Assault 12+ years	2.358265	855	105	380	0.99
1020	Burn Moderate to Severe	0.688176	491	34	97	1.16
1021	Minor Other Injuries	0.815097	28,160	5,018	114	0.94
1022	Moderate Other Injuries	2.551416	3,712	726	366	2.61
1024	Comas	1.587664	40	10	255	0.88
1025	Shock	1.115709	637	106	168	0.71
1026	Open Spinal Fracture & Dislocation	3.033415	6		457	-
1027	Closed Spinal Fracture & Dislocation	1.399007	1,092	64	211	0.67
1028	Diag Inv Head Injury	1.549975	1,530	143	227	0.49
1029	Management Head Injury	0.486345	4,553	1,060	72	0.88
1030	Diag Inv Thoraco-Abdominal & Major Vascular	1.902367	340	40	304	0.58
1031	Management Thoraco-Abdominal & Major Vascular	0.706662	4,090	414	101	0.90
1032	Burn Minor 0 < 6 years	0.645205	1,132	197	93	0.75
1033	Burn Minor 6 + years	0.701005	6,119	403	101	0.73
1034	Diag Inv Major Other Injuries	1.685106	108	16	238	0.44
1035	Management Major Other Injuries	1.514115	629	173	225	1.57
						353



## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001			Blended		
			Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	
1051	Assessment Referral	1.020922	1,399	461	159	0.79	127	
1052	Assessment Intake	0.974585	8,239	4,106	153	0.70	108	
1053	Assessment Collateral	0.912414	482	344	140	0.58	81	
1054	Legal Assessment Half Day	1.000000	44		149	-	-	
1055	Legal Assessment Full Day	1.000000	4		149	-	-	
1056	Assessment Specialized	1.000552	1,488	389	159	0.47	75	
1057	Individual Therapy	0.544533	51,338	30,487	82	0.93	77	
1058	Crisis/Intervention Calls Telephone Crisis Calls	0.428057	46	2	61	0.28	17	
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	1.000000	364		149	-	-	
1060	Couple Therapy	1.102918	1,377	171	169	0.53	90	
1061	Family Therapy	1.008714	2,987	310	158	0.61	96	
1062	Group Therapy	0.244154	85,819	43,303	38	1.05	40	
1063	ECT	1.967829	2,137	912	274	0.46	126	
1064	Medication Administration	0.815034	11,089	6,671	131	0.69	91	
1065	Patient Specific Consultations/Case Supervision	0.526183	5,888	5,064	69	0.87	60	
1066	Patient Specific Hearings	-						
1067	Patient Specific Professional Reports and Applications	1.000000	820		149	-	-	
1068	Patient Specific Critical Incident Documentation	1.000000	8		149	-	-	
1069	Diagnostic Testing/Scoring Testing Type 1	2.538967	1,136	395	403	0.87	351	
1070	Diagnostic Testing/Scoring Testing Type 2	3.061425	493	76	403	0.66	267	
1071	Diagnostic Testing/Scoring Testing Type 3	7.984361	281	3	1,047	0.59	616	
1072	Therapeutic Milieu Programs Half Day	0.340854	18,084	727	57	0.91	51	
1073	Therapeutic Milieu Programs Full Day	1.000000	163		149	-	-	
1074	Mental Health Education 0-120 min	0.421520	780	139	56	0.53	30	
1075	Mental Health Education 121-240 min	-						
1076	Mental Health Education 241-360 min	-						
1077	Mental Health Education 361-480 min	-						
1101	OT Group 1	0.136549	38,516	26,091	21	0.79	17	
1102	OT Group 2	0.344289	38,105	18,439	53	0.73	38	
1103	OT Group 3	0.539255	9,583	3,241	80	0.80	64	
1104	OT Group 4	0.866082	39,801	12,012	130	0.87	113	

## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001		Blended		
			Activity	Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
1105	OT Group 5	1.419818	6,354	649	191	0.73	140
1106	OT Group 6	2.130171	6,491	234	307	0.89	274
1111	Physical Therapy Group 1	0.205879	411,817	47,312	31	0.87	27
1112	Physical Therapy Group 2	0.379072	339,154	33,139	54	0.65	35
1113	Physical Therapy Group 3	0.465656	62,348	6,171	68	0.70	47
1114	Physical Therapy Group 4	0.716387	135,189	11,888	106	0.54	58
1115	Physical Therapy Group 5	1.064045	12,080	328	157	0.55	86
1116	Physical Therapy Group 6	1.580055	4,552	59	239	0.52	124
1121	Recreational Therapy Group 1	0.102744	11,248	7,895	16	0.54	9
1122	Recreational Therapy Group 2	0.255819	5,015	3,162	39	0.44	17
1123	Recreational Therapy Group 3	0.597264	1,218	23	90	0.42	38
1124	Recreational Therapy Group 4	0.508115	2,472	1,059	80	0.51	41
1125	Recreational Therapy Group 5	0.829364	2,750	19	129	0.33	43
1126	Recreational Therapy Group 6	1.727290	529	2	267	0.35	94
1131	Speech-Language Pathology Group 1	0.294062	57,918	36,131	46	0.70	32
1132	Speech-Language Pathology Group 2	0.918820	61,909	4,206	144	0.50	72
1133	Speech-Language Pathology Group 3	1.080285	6,878	77	169	0.48	82
1134	Speech-Language Pathology Group 4	1.076975	25,707	1,803	161	0.61	98
1135	Speech-Language Pathology Group 5	1.636308	21,087	1,111	242	0.58	140
1136	Speech-Language Pathology Group 6	2.721941	6,923	70	404	0.54	218
1141	Audiology Group 1	0.168577	1,053	109	26	0.43	11
1142	Audiology Group 2	0.861619	7,388	2,227	130	0.63	82
1143	Audiology Group 3	1.535795	11,443	3,105	234	0.69	162
1144	Audiology Group 4	3.784017	438	263	593	0.44	264
1145	Audiology Group 5 - Cochlear Implant	1.000000	48		149	-	-
1151	Resp Therapy Group 1	0.255716	12,370	6,087	37	1.37	51
1152	Resp Therapy Group 2	0.507025	20,598	11,220	72	1.09	79
1153	Resp Therapy Group 3	0.952970	11,947	4,841	135	0.77	104
1154	Resp Therapy Group 4	1.177370	19,802	4,799	159	0.88	141
1155	Resp Therapy Group 5	1.918895	3,008	998	276	0.61	169
1156	Resp Therapy Group 6	2.711111	1,836	658	378	0.70	264



## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001		Blended Average Cost	Coefficient of Variation	Standard Deviation
			Activity	Costed Cases			
1201	Clinical Nutrition Group 1	0.265695	19,007	14,638	38	1.12	43
1202	Clinical Nutrition Group 2	0.466763	27,492	12,953	66	0.73	48
1203	Clinical Nutrition Group 3	0.596621	7,044	2,165	86	0.70	60
1204	Clinical Nutrition Group 4	1.019324	17,072	6,540	144	0.63	91
1205	Clinical Nutrition Group 5	1.480491	2,797	678	203	0.58	118
1206	Clinical Nutrition Group 6	2.003565	1,631	125	299	0.63	189
1221	Social Work Group 1	0.243324	18,606	15,880	38	1.02	39
1222	Social Work Group 2	0.660486	16,240	8,743	101	0.72	73
1223	Social Work Group 3	1.402208	3,087	773	214	0.56	119
1224	Social Work Group 4	1.837625	2,589	171	286	0.63	180
1225	Social Work Group 5	2.562792	807	18	379	0.43	162
1226	Social Work Group 6	7.462596	638	2	1,106	0.25	271
1241	Psychology Group 1	0.301244	17,288	15,741	47	0.70	33
1242	Psychology Group 2	0.924777	9,040	4,217	145	0.49	71
1243	Psychology Group 3	1.512351	2,502	442	236	0.41	97
1244	Psychology Group 4	2.308952	3,517	1,892	368	0.41	151
1245	Psychology Group 5	3.548617	733	26	547	0.43	236
1246	Psychology Group 6	3.394366	404	10	523	0.30	156
1247	Psychology Group 7	1.162877	348	346	180	0.71	128
1248	Psychology Group 8	2.292381	247	247	355	0.37	132
1249	Psychology Group 9	3.755545	114	114	584	0.18	106
2001	Critical Care Unit or O.R. with Secondary Diagnosis	2.574041	4,451	524	386	0.68	262
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2.289008	7,585	1,034	340	0.84	286
2003	Other Unit with Secondary Diagnosis	2.224082	49,647	4,771	324	0.66	215
2004	Other Unit without Secondary Diagnosis	1.890705	73,219	8,813	286	0.76	216
2021	DOA	1.231352	575	15	105	1.08	113
2022	Died During Visit	1.841665	645	73	257	0.74	189
2023	Death - Organ Donor	0.828399	2	-	52	-	-
2041	Patient Transferred with Secondary Diagnosis	2.31964	6,473	481	344	0.78	268
2042	Patient Transferred without Secondary Diagnosis	2.078119	8,970	678	313	0.91	286
2050	Diag Inv General Symptoms/Exam	1.026778	25,679	5,333	155	0.98	152

## Schedule 7 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2000/2001		Blended		Standard Deviation
			Activity	Costed Cases	Average Cost	Coefficient of Variation	
2051	Management General Symptoms/Exam < 18 years	1.049400	37,541	9,892	162	1.64	287
2052	Management General Symptoms/Exam 18 < 45 years	0.784182	34,469	8,427	114	1.74	198
2053	Management General Symptoms/Exam 45 < 65 years	0.924997	20,042	5,823	140	1.61	225
2054	Management General Symptoms/Exam 65+ years	0.911282	22,966	9,302	139	1.39	193
2059	Prophylactic Vaccination	0.711929	16,221	2,790	93	0.79	74
2060	Therapeutic Medical Counselling	0.331970	56,363	24,636	51	1.83	93
2062	Preoperative Exam	1.322119	64,050	27,696	190	0.73	138
2063	Private Practice Office Visit	0.328627	24,723	4,742	54	1.92	103
2064	Therapy - No Intervention Code	0.601387	12,430	1,451	132	1.07	142
2066	Contact/Carrier of Communicable Disease	0.912937	1,839	602	146	1.00	146
2067	Health Hazard Related to Personal/Family History	6.876055	1,243	817	979	1.56	1,529
2068	Routine Health Supervision	0.532463	8,969	7,105	82	1.53	126
2069	Postsurgical Status	0.487775	74,776	11,559	71	1.48	106
2070	Follow-up/Convalescence	0.504276	34,008	13,215	79	1.23	97
2071	Screening Exam	1.546730	8,024	4,007	248	1.11	276
2072	Screening Exam - Genetics	-	-	-	-	-	-
2073	Genetic Counselling	6.103199	1,424	1,424	1,035	0.55	567
2081	Non Registered Service Recipients	-	4,934	-	-	-	-
2082	Mode of Service - Telephone	0.246521	168,829	78,170	38	1.26	48
2099	Patient Left Without Being Seen	0.538436	20,031	1,838	79	1.04	81



## Schedule 8 -- Ambulatory Care Low Volume Cells

ACCS Group	Description	Activity 2000/2001	Total Costed Cases	Costed Cases from			Alberta Cases Used as Top-Up			Manual Top-Up
				2000/2001	1999/2000	1998/1999	1997/1998	1997/1998		
62.1	Home Hemodialysis Teaching	259	5			5				
62.2	Selfcare Hemodialysis	488	1				1			1
77	Radiotherapy	2	1					1		
656	Delivery With Postpartum Complications	16	4		2			2		
657	Delivery Without Postpartum complications	45	5		4		1			
664	Diag Inv Pregnancy With Abortive Outcomes Complica	117	5		5					
703	Radiotherapy (Includes Diagnosis Code V58.0)	13	1		1					
1017	Amputation Except Fingers/Toes	6	1							1
1026	Open Spinal Fracture & Dislocation	6	1					1		
1054	Legal Assessment Half Day	44	1							1
1055	Legal Assessment Full Day	4	1							1
1058	Crisis/Intervention Calls Telephone Crisis Calls	46	2		2					
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	364	1							1
1067	Patient Specific Professional Reports And Applications	820	1							1
1068	Patient Specific Critical Incident Documentation	8	1							1
1073	Therapeutic Milieu Programs Full Day	163	1							1
1145	Audiology Group 5 - Cochlear Implant	48	1							1
1226	Social Work Group 6	638	3		2		1			
2023	Death - Organ Donor	2	2							2

Appendix 1 - Representative Data Statistical Methodology

Variable	Unit	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	2869	2870	2871	2872	2873	2874	2875	2876	2877	2878	2879	2880	2881	2882	2883	2884	2885	2886	2887	2888	2889	2890	2891	2892	2893	2894	2895	2896	2897	2898	2899	2900	2901	2902	2903	2904	2905	2906	2907	2908	2909	2910	2911	2912	2913	2914	2915	2916	2917	2918	2919	2920	2921	2922	2923	2924	2925	2926	2927	2928	2929	2930	2931	2932	2933	2934	2935	2936	2937	2938	2939	2940	2941	2942	2943	2944	2945	2946	2947	2948	2949	2950	2951	2952	2953	2954	2955	2956	2957	2958	2959	2960	2961	2962	2963	2964	2965	2966	2967	2968	2969	2970	2971	2972	2973	2974	2975	2976	2977	2978	2979	2980	2981	2982	2983	2984	2985	2986	2987	2988	2989	2990	2991	2992	2993	2994	2995	2996	2997	2998	2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